

4470
COUNTY BOROUGH OF SOUTH SHIELDS



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1952

I. D. LEITCH,
M.B., Ch.B., D.P.H.

120. acc
11/7/53
Coe
...
COUNTY BOROUGH OF SOUTH SHIELDS



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1952

I. D. LEITCH,
M.B., Ch.B., D.P.H.

CONTENTS

Preface	1
Chairmen of Committees	4
Staff of Public Health Department	4
Statistics and Social Conditions	7
Vital Statistics	10
Cancer	27
Sanitary Circumstances	30
Housing	40
Inspection and Supervision of Food	42
Inspection of Shops	54
Notifiable Diseases	56
Laboratory Examinations	63
Local Health Services—Special Survey	65
National Health Service Act, 1946 :—	
Sect. 22—Care of Mothers and Young Children	84
,, 23—Midwives' Service	95
,, 24—Health Visiting	98
,, 25—Home Nursing Service	99
,, 26—Vaccination and Immunisation	100
,, 27—Ambulance Service	104
,, 28—Prevention of Illness, Care and After-Care—	
Tuberculosis	105
Venereal Diseases	110
,, 51—Mental Health Services	112
National Assistance Acts, 1948-1951	119
Special Medical Examinations	119
Meteorology	120

To the Chairman and Members of the Public Health and Health Services Committee :

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the County Borough for the year 1952.

The population of the town at mid-year was estimated by the Registrar-General as 107,100, an increase over the previous year of 300. The birth rate was 18.7 per 1,000 population, a slight increase over the previous year and well above the rate for the country as a whole. One of the most interesting features of the vital statistics was the low death rate, 11.8, which is the lowest ever to be recorded in the town.

1952 was the first year, since diphtheria became notifiable, in which no cases were reported in the borough. Those who are acquainted with the menace and prevalence of diphtheria in former years will realise the significance of this fact. On the other hand, there appears to be a widespread but false impression that diphtheria will never occur again and that immunisation is no longer required. Statistics for 1952 show a definite falling off in the numbers of babies immunised and it is therefore necessary to warn the parents of young children that there is still a risk of infection and that immunisation against diphtheria is just as necessary as before. The figures for vaccination against smallpox which were even more unsatisfactory also reflect a seemingly apathetic attitude. Recent outbreaks of smallpox in England certainly demonstrate how the infection can still be introduced from abroad and the fact that South Shields is a seaport should make the inhabitants aware of the need for universal vaccination in infancy. It should be noted too that vaccination in infancy is on the whole safer than vaccination for the first time as an adult.

There was a slight drop in the infant mortality rate (38.4) but it is considerably higher than the national rate (27.6) and higher than the rate (31.2) for the 160 great towns. Whilst infant mortality is often interpreted as a useful index of the general social conditions in a community there is no doubt that the growth of the maternity and child welfare services has over the years made a substantial contribution towards the saving of infant lives. In South Shields we must strive to improve the position further by maintaining these services at the highest level of efficiency.

There were 2,075 confinements of South Shields women during the year of which 1,326 (64%) were conducted at home and 749 (36%) in hospital and it is notable that the percentage of home confinements is high in comparison with other towns. Provided medical and social conditions are satisfactory, the home is probably the best place for the arrival of the new baby and although the prevailing circumstances in each case may dictate the choice, the ultimate decision rests with the mother-to-be. It is only in recent years that, for a variety of reasons, the hospital tends to be favoured, but it has yet to be proved that this is in the best interests of mother and child.

I would like to draw your attention to the death rate for respiratory tuberculosis which for 1952 stands at more than double the national rate and the rate for the 160 large towns. In addition there has been a considerable increase in the notification rate as compared with 1951. The general trend locally since the war has been towards a fairly steady improvement but there is a serious lag behind other parts of the country and South Shields continues to have one of the highest or worst T.B. rates.

The special survey of the local health authority services in South Shields on pages 65 to 85, illustrates the progress made in developing these services since the appointed day of the National Health Service Act, 1946, and it will be interesting to know how we stand in this matter in comparison with other towns of a similar size. One of the main objects of the survey is to show the extent of co-operation and co-ordination with the other branches of the Health Service in the area. In this connection it is pleasing to note an increasingly co-operative attitude on the part of all those concerned. Much has still to be achieved as for example in the matter of co-operation between general practitioners and health visitors and the innovations which are desirable can only become established practices in the course of time. It is partly by good will, partly by experience that the full integration of the Health Services will be achieved.

45 cases of food poisoning were notified in 1952 which is considerably more than in 1951. I am convinced that there are many more cases which are not notified due chiefly to the transient and trifling nature of the symptoms for which medical aid is not sought. The standard of hygiene in food handling establishments which is the most important factor in nearly all outbreaks of food poisoning is constantly engaging the attention of the Department, but it should be understood that the public can help in the clean food campaign by voicing their criticisms of unhygienic practices more loudly, more frequently and more widely.

Finally, it will be realised that this report covers a year of work for which my predecessor, Dr. W. Campbell Lyons, is mainly responsible. He retired from office in November after 32 years as Medical Officer of Health and I am very grateful to him for his help and guidance.

I would also like to express my thanks to the Chief Clerk and the Chief Sanitary Inspector for their assistance in compiling this report.

I. D. LEITCH,

MEDICAL OFFICER OF HEALTH.

*Public Health Department,
Stanhope Parade,
South Shields.*

CHAIRMEN OF COMMITTEES

at 31st December, 1952

<i>Public Health Committee</i>	Alderman W. P. McANANY, J.P.
<i>Health Services Committee</i>	Alderman W. P. McANANY, J.P.
<i>Mental Health Services</i>	
<i>Sub-Committee</i>	Alderman W. P. McANANY, J.P.
<i>Slaughterhouse Sub-Committee</i>	Alderman A. L. NEWMAN, J.P.
<i>Maternity and Child Welfare</i>	
<i>Sub-Committee</i>	Alderman MARGARET E. SUTTON, J.P.
<i>Education Committee</i>	Alderman J. GARNETT, J.P.
<i>Education Welfare Sub-</i>	
<i>Committee</i>	Alderman M. J. PEEL.
<i>Housing Committee</i>	Alderman T. W. PEEL.
<i>Town Improvement Committee</i>	Councillor J. F. RICHARDSON.
<i>Welfare Committee</i>	Alderman C. H. SMITH, J.P.
<i>Children Committee</i>	Councillor L. GLOVER, J.P.

STAFF OF PUBLIC HEALTH DEPARTMENT

Post or Appointment	Name	Qualifications
Medical Officer of Health, Chief Tuberculosis Officer, Principal School Medical Officer	W. CAMPBELL LYONS (Retired 10/11/52).	M.B., CH.B., D.P.H.
Deputy Medical Officer of Health and Deputy School Medical Officer	I. D. LEITCH (Appointed M.O.H. 4/12/52)	M.B., CH.B., D.P.H.
Chest Physician	O. W. MARIENFELD*	M.D., L.R.C.S., L.R.C.F.P.S., D.P.H.
Assistant School Medical Officers	H. LEVY EVELYN H. BOLT	M.B., B.S. M.B., B.S.
Assistant Medical Officer, Maternity and Child Welfare and School Health Service	ANNIE K. WATTIE	M.A., M.B., CH.B., D.P.H.

Post or Appointment	Name	Qualification
Assistant Medical Officers, Maternity and Child Welfare	M. H. S. BELL (Left 4/1/52) DOROTHY J. MILLER (Left 31/7/52) PAULINE O'BRIEN (Commenced 5/8/52) JEAN WALMSLEY (Commenced 8/9/52)	M.B., CH.B. M.B., CH.B., D.C.H. M.B., B.S. M.B., CH.B., D.P.H.
Ear, Nose and Throat Surgeon (School Health Service)	P. MACMURRAY*	M.B., D.L.O.
Senior Dental Officer	VACANT	
School Dental Surgeons	J. L. REID* C. T. CHUDGAR* (Left 31/5/52) J. C. ADJEITEY (Commenced 11/8/52)	L.D.S. L.D.S. B.D.S., L.D.S.
Dental Surgeon (Mat. & Child Welfare, etc.)	P. CHRISTENSEN*	B.D.S., L.D.S.
Borough Analyst	C. J. H. STOCK*	B.SC., F.R.I.C.
Chief Food Inspector and Chief Sanitary Inspector	H. B. PARRY	Cert. R.S.I. and Meat and Smoke Inspector's Certificates. Cert. in Sanitary Science.
District Sanitary and Housing Inspectors	J. McVAY J. WANN A. SIMPSON (Left 5/1/52) H. BROOKS A. M. O'HANLON (Left 2/2/52) S. PRATT E. OLIVER A. E. BENNETT (Commenced 25/2/52) G. A. NEWMAN (Commenced 1/5/52)	Cert. R.S.I. and Meat Inspector's Cert. do. do. do. do. do. do. do. do. do. do.
Inspector under the Shops Acts	J. R. KELSO	
Superintendent Health Visitor	MISS E. MYCOCK	S.R.N., S.C.M., and H.V. Certificate.

**Part-time, also in Consultant or Private Practice.*

Post or Appointment	Name	Qualifications
Non-Medical Supervisor of Midwives	MRS. S. A. INNES	S.R.N., S.C.M.
Matron, Midwifery Part II., Training School	MISS E. M. MARLOW	S.R.N., S.C.M., M.T.C.
Matron, Day Nurseries	MRS. E. P. WHITE	S.R.N.
Health Visitors	MISS R. BARRELL	S.R.N., S.C.M.
	MISS C. W. EVERSON	do. and H.V. Certificate.
	MISS M. SHERRY	do. do.
	MRS. P. STEWART	do. do.
	MRS. B. HEAVISIDES	do. do.
	MISS S. E. G. WHITFIELD	do. do.
	MISS M. V. INGOE	do. do.
	MISS E. N. JOPLING	do. do.
	MRS. E. HAGGERSTON	S.R.N., S.C.M.
	MISS M. McMANEMY	S.R.N., S.C.M. and H.V. Cert.
	MISS M. B. MCGLASHAM	do. do.
	MISS J. ARNOLD	do. do.
	MISS J. J. McDONALD	do. do.
	MISS M. BEATY	do. do.
	Student :	
	MRS. I. CALLENDER (Commenced 1/6/52)	S.R.N., S.C.M.
School Nurses	MRS. D. MCPHEE	S.R.N.
	MRS. E. HAYDEN	S.R.N.
	MRS. E. APPLEBY (Left 14/12/52)	S.R.N., S.C.M.
	MRS. J. JOHNSON	do.
Chief Admin. Clerk	C. HYMERS	CERT. R.S.I. and Meat Inspector's Cert.
Senior Admin. Clerk	J. HILTON	Cert. R.S.I.
Asst. Admin. Clerk	W. JOHNSON	
Clerks	A. T. LAWSON	
	W. MCKENZIE (Left 7/6/52)	
	W. WILSON (28/7/52 to 29/11/52)	
	R. ALDUS (Nat. Service 30/9/51)	
	J. BOLUS	
	J. R. GILES (Commenced 8/12/52)	

Post or Appointment	Name	Qualifications
Clerks (contd.)	R. LAMBIE (Left 11/10/52) R. WILSON (Commenced 17/11/52) MISS E. PARK MISS J. TINMOUTH MRS. N. BENNETT (Left 31/5/52) MRS. M. BADGER MISS O. SNAITH MISS N. HARDWICK MISS B. G. TINDLE MISS J. FORD MISS T. CLARK MISS F. H. MCKAY (Commenced 26/5/52)	
Mental Health Service : Duly Authorised Officers	J. MORAN C. MIDDLETON R. M. HUDSON	
Dental Assistant, School Health Service	MISS O. DEAKIN	
Skin Clinic Attendant	MRS. C. A. GLATTBACH	
Ambulance Supt. (1)		
do. Drivers (22)		
Domiciliary Midwives (20)		
Domestic Helps : (7 Full-time, 5 Part- time)		
Rodent Operator (1)		

STATISTICS AND SOCIAL CONDITIONS OF THE BOROUGH

Area of Borough (including inland water but excluding foreshore and tidal water—301 acres).....	acres. 4,877
Population at Census, 1951	106,605
Resident population, Registrar-General's estimate for year 1952 (mid-year)	107,100
Density (persons per acre)	21.9
Number of inhabited houses at end of 1952 (according to Rate Books)	33,924
Rateable Value at 1st April, 1952	£619,925
Produce of a penny rate (estimate for 1952-53)	£2,440

Social Conditions

The principal industries are shipbuilding, ship-repairing, coal-mining and export. Under the Government's Development Schemes, new factories have been established for the manufacture of dolls, electrical and engineering fittings, gowns, lingerie, slippers, chemicals and pickles. These industries, in contrast to the older established heavy industries, provide employment for many women.

UNEMPLOYMENT :—

I am indebted to Mr. T. W. Wilcox, Manager of the Employment Exchange, for the latest information available relating to unemployment which is summarised below.

The average numbers on the live registers taken from the monthly returns, were as follows :—

	1947	1948	1949	1950	1951
Men (age 18-64)	1,611	1,898	2,060	1,532	1,367
Boys (age 14-17)	35	49	81	65	54
Women (age 18-64)	314	328	420	352	580
Girls (age 14-17)	31	25	27	26	47
Total	1,991	2,300	2,588	1,975	2,048

Of the different groups the percentage of unemployed was as follows :—

	1947	1948	1949	1950	1951
Men (age 18-64)	7	7	9	7	7
Boys (age 14-17)	2	3	5	4	4
Women (age 18-64)	4	4	5	4	7
Girls (age 14-17)	2	1	2	1	3
Total	6	6	7	6	6

The maximum and minimum numbers of persons unemployed during the year were :—

MAXIMUM	1947	1948	1949	1950	1951
Men (age 18-64)	1,739	2,506	2,354	2,493	1,643
Boys (age 14-17)	55	89	128	116	103
Women (age 18-64) ..	415	406	504	463	705
Girls (age 14-17) ...	47	61	69	51	78
MINIMUM					
Men (age 18-64)	1,423	1,509	1,671	1,071	1,228
Boys (age 14-17)	25	27	32	34	28
Women (age 18-64) ..	228	188	342	253	463
Girls (age 14-17)	20	10	9	8	21

Extracts from Vital Statistics

	<i>Total</i>	<i>Male</i>	<i>Female</i>		
Live Births :—					
Legitimate	1,914	990	924	} Birth rate per 1,000 of the estimated resident population	18.7
Illegitimate	93	45	48		
Birth Rate adjusted by Comparability Factor of 0.98					=18.3
Still Births :—					
Legitimate	47	22	25	} Rate per 1,000 total births (live and still- births)	24.8
Illegitimate	4	2	2		
Deaths	1,268	692	576	} Death rate per 1,000 of the estimated resident population	11.8
Death Rate adjusted by Comparability Factor of 1.08						12.7

	<i>Deaths</i>	<i>Rate per 1,000 total Births</i>
Deaths from puerperal causes :—		
Puerperal sepsis	—	—
Other puerperal causes	4	1.94
Death <i>rate</i> of infants under one year of age :		
All infants per 1,000 live births	38.4	
Legitimate infants per 1,000 legitimate live births	38.7	
Illegitimate infants per 1,000 illegitimate live births	32.3	
Deaths from Cancer (all ages)	235	
„ „ Measles (all ages)	3	
„ „ Whooping Cough (all ages)	1	
„ „ Diarrhoea (under 2 years of age)	2	

Area comparability factors :—

Births	0.98
Deaths	1.08

VITAL STATISTICS

Population

The Registrar-General's estimate of the resident population of the County Borough for 1952 is 107,100, an increase on the previous year of 300. The natural increase—excess of births over deaths—was 737. The population at the 1951 Census was 106,605.

Births

2,007 babies were registered as belonging to South Shields during 1952, a birth rate of 18.7 per 1,000 of the population; the birthrate for 1951 was 18.1 per 1,000.

The proportion of male to female births was 1,035 males to 972 females. There were 93 illegitimate births or 4.6 per cent of the total births.

There were 51 still births, 24 males and 27 females : 25 per 1,000 of all births, live and still.

The birth rate in South Shields as compared with the country generally was as follows :—

	<i>Live Births</i>	<i>Still Births</i>
England and Wales.....	15.3	0.35
160 County Boroughs and great towns	16.9	0.43
160 smaller towns	15.5	0.36
London Administrative County	17.6	0.34
<i>South Shields</i>	18.7	0.48

Deaths

There were 1,268 deaths during the year among South Shields residents : males 692, females 576. This is equal to a death rate of 11.8 per 1,000 of the population, as compared with a death rate of 12.8 for 1951. The figure includes 74 deaths of residents who died away from South Shields, but the deaths of 146 non-residents who died in South Shields mostly in hospitals, are excluded.

The death rate for South Shields as compared with the country generally was as follows :—

England and Wales.....	11.3
160 County Boroughs and great towns	12.1
160 smaller towns	11.2
London Administrative County	12.6
<i>South Shields</i>	11.8

The death rate for South Shields in the four quarters of the year was as follows :—

1st quarter	14.0
2nd quarter	10.4
3rd quarter	11.2
4th quarter	11.8

Infant Mortality

There were 77 deaths of infants under one year of age, this represents an infant mortality rate of 38 per 1,000 births as compared with 39 in 1951.

Maternity Mortality

Four women lost their lives as a result of pregnancy and parturition. The maternal death rate was 1.94 per 1,000 total births. The rate for 1951 was 1.01 per 1,000.

Zymotic Deaths

There were no deaths from Diphtheria. Measles caused two deaths enteritis in children under two years, two deaths and whooping cough one death. The Zymotic death rate was 0.05 per 1,000 of the population.

The Chief causes of death were as follows :—

	<i>No. of deaths</i>	<i>Percentage of total</i>
Arteriosclerotic and Heart diseases	335	26.4
Cancer	235	18.5
Cerebral haemorrhage, Apoplexy, etc.	145	11.4
Bronchitis	88	6.9
Pneumonia	72	5.7
Tuberculosis	64	5.0
Violence and accidents	47	3.7
Prematurity and diseases of early infancy	44	3.5
Nephritis	17	1.3
Influenza	5	0.4

Average Age at Death (in years)

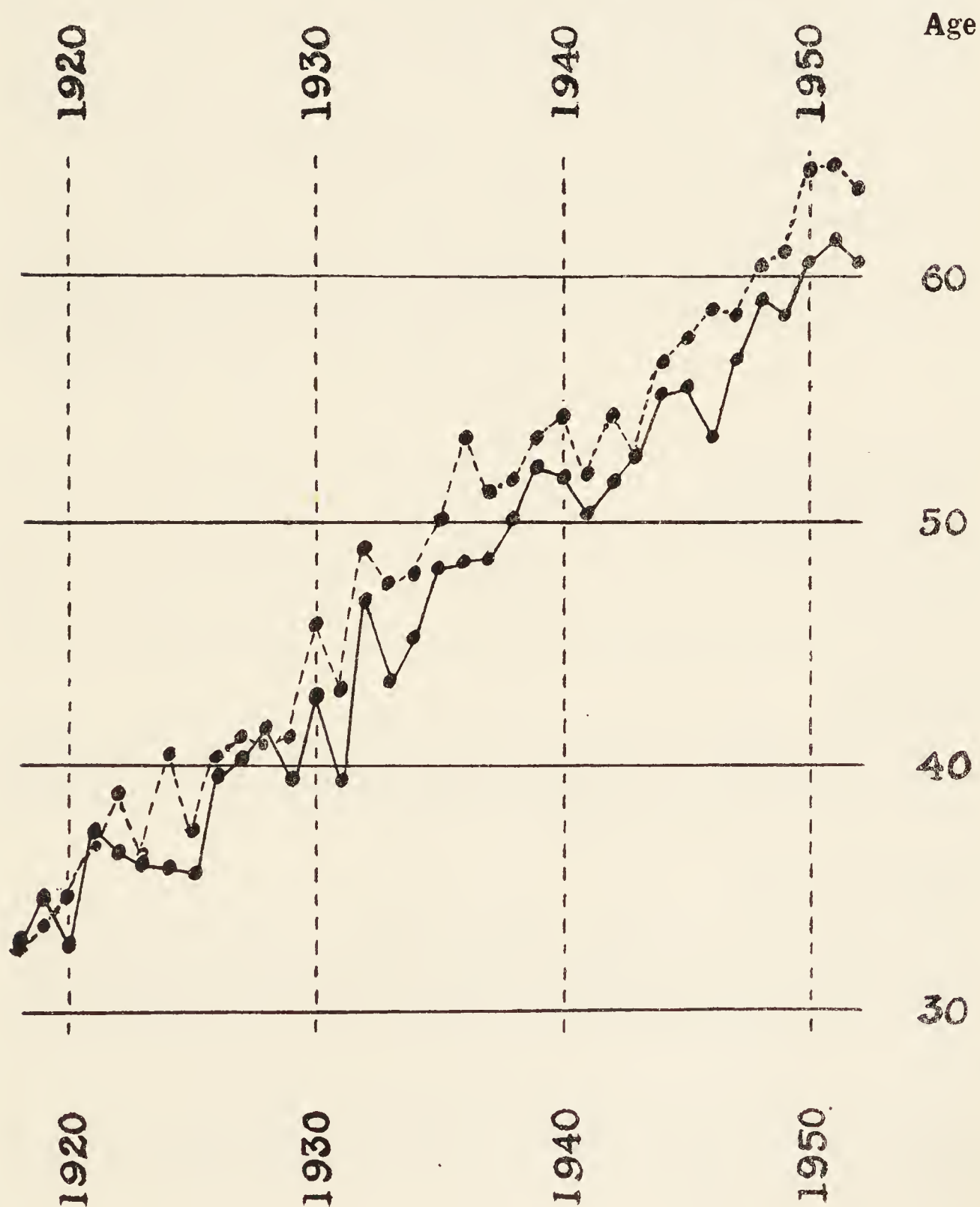
Year	Males	Females	Overall
1918	32.90	32.61	32.76
1919	34.69	33.66	34.20
1920	32.82	34.84	33.78
1921	37.31	36.89	37.12
1922	36.41	39.01	37.61
1923	35.94	36.25	36.09
1924	35.84	40.65	38.12
1925	35.77	37.36	36.49
1926	39.79	41.15	40.42
1927	40.23	41.05	40.62
1928	41.82	41.12	41.49
1929	39.49	41.38	40.41
1930	42.96	45.94	44.32
1931	39.29	43.19	41.11
1932	46.98	49.06	47.98
1933	43.30	47.71	45.38
1934	45.30	48.00	46.60
1935	48.13	50.06	49.04
1936	48.38	53.41	50.67
1937	48.64	51.20	49.87
1938	50.15	51.88	51.01
1939	52.24	53.33	52.73
1940	51.92	54.23	53.01
1941	50.34	52.05	51.80
1942	51.81	54.37	53.05
1943	52.94	52.81	52.88
1944	55.14	56.52	55.79
1945	55.54	57.40	56.40
1946	53.55	58.78	55.87
1947	56.67	58.30	57.41
1948	58.99	60.39	59.65
1949	58.27	60.98	59.58
1950	60.53	64.40	62.31
1951	61.51	64.53	62.88
1952	60.44	63.58	61.86

These figures are graphically shown in the following diagram and illustrate the improvement in the normal length of life of the people. Many factors contribute to this improvement—notably the reduction of infant mortality, the decrease in infectious diseases.

generally, the advancement of medical science and better housing conditions resulting in improved hygiene in the homes. It will be observed that females live longer than males (and one factor may be that many of the best lives among males were either lost at sea or in the fighting services whilst comparatively young).

AVERAGE AGE AT DEATH IN SOUTH SHIELDS: 1918 to 1952

----- = Females. ————— = Males.



Coroner's inquests were held in respect of 96 deaths. In 14 cases the Coroner ordered a post-mortem examination, but it was found unnecessary to hold inquests. There were 32 deaths which were not certified by a medical practitioner and on whom no inquest or Coroner's post-mortem examination was held.

527 deaths or 41.6 per cent. of the total occurred in institutions, exclusive of 129 deaths among non-residents of the Borough. These are detailed in Table 3, page 24.

In the following table, the South Shields death rates in 1952 are compared with provisional rates for the country generally, the county-boroughs and the smaller towns.

	Death rate per 1,000 population						Deaths per 1,000 live births	
	All Causes	Typhoid Fever	Smallpox	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under 2 years)	Infant Mortality Rate
England and Wales	11.3	.00	.00	.00	.00	.24	1.1	27.6
160 County Boroughs and Great Towns	12.1	.00	—	.00	.00	.28	1.3	31.2
160 Smaller Towns	11.2	.00	—	.00	.00	.22	0.5	25.8
London	12.6	—	—	.00	.00	.31	0.7	23.8
<i>South Shields</i>	11.8	—	—	.01	—	.05	1.0	38.4

Cremation

78 South Shields residents were cremated at the Newcastle Crematorium and 141 at the Sunderland Crematorium as compared with a total of only 5 in 1936.

Causes of Death

The tabulation of deaths given in Table 1, page 16, follows the Abbreviated List in accordance with the Nomenclature Regulations, 1948, of the World Health Organisation. This is the sixth revision of the International List and came into force on the 1st January, 1950.

It provides for an international Medical Certificate of Cause of Death and rules for the selection of the *underlying* cause of death, which may be defined as

- (a) the disease or injury which initiated the train of morbid events leading directly to death, or
- (b) the circumstances of the accident or violence which produced the fatal injury.

The chief purpose of this codification is to secure such uniformity in morbidity and mortality statistics, internationally, as can be achieved for comparisons.

At the request of the Ministry of Health the short list of the causes of death as supplied by the Registrar-General is included in the report (Table 1 (A), page 19) in order that the relation between the local tabulation and the statistics supplied by the Registrar-General may be compared. There is substantial agreement, but as the Registrar-General points out, the classification of some deaths in respect of which the certifying medical practitioners have given indefinite causes is modified in the light of further information obtained by him from them by special enquiries ; also this Table is of deaths actually registered during the year, while Table 1 is of deaths taking place ; these possible sources of discrepancy should be borne in mind.

TABLE 1.—CAUSES OF DEATHS during 1952, of persons belonging to the County Borough of South Shields, classified according to the Abbreviated International List of Causes (Sixth Revision) as adopted for use in England and Wales. (This list has been abridged by omitting headings against which no deaths have been recorded during the year).

CAUSES OF DEATH	All Ages	AGES AT DEATH																					
		0+	1+	2+	3+	4+	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
B. 1. Tuberculosis of respiratory system	44	...	2	1	1	1	2	2	1	4	9	10	3	7	...	1
B 2. Tuberculosis, other forms	19	...	...	...	1	...	...	...	2	1	1	4	3	1	2	2	1	1	...	...	...	...
B 3. Syphilis and its sequelae	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
B 4. Typhoid Fever	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
B 9. Whooping Cough	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
B 10. Meningococcal infections	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B 14. Measles	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B 16. Malaria	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B 17. All other diseases classified as infective and parasitic	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B 18. Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	113	...	...	...	...	...	2	1	...	1	2	...	1	2	12	5	8	17	16	23	16	7
B 19. Benign and unspecified neoplasms	122	...	...	...	...	...	1	...	...	...	...	1	2	6	7	5	18	16	9	25	20	9
B 20. Diabetes mellitus	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...
B 20. Diabetes mellitus	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	...
B 21. Anaemias	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
B 21. Anaemias	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1
B 22. Vascular lesions affecting central nervous system	71	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	4	9	10	7	17	17
B 22. Vascular lesions affecting central nervous system	74	2	...	...	...	...	...	...	...	...	...	...	...	2	...	1	6	7	7	18	17	11
B 24. Rheumatic Fever	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B 25. Chronic rheumatic heart disease	7	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	1	...	2	1	...	...
B 25. Chronic rheumatic heart disease	8	...	...	...	...	...	...	...	...	1	...	...	1	...	2	...	...	2	...	...	...	...
B 26. Arteriosclerotic and degenerative heart disease	139	...	...	...	...	...	...	...	...	...	...	1	1	1	4	8	14	12	22	22	26	16
B 26. Arteriosclerotic and degenerative heart disease	110	...	...	...	...	...	...	...	...	...	...	...	2	1	1	2	2	6	7	21	25	22

CAUSES OF DEATH	All Ages	AGES AT DEATH																					
		0 +	1 +	2 +	3 +	4 +	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 +
B 45. Senility without mention of psychosis ill-defined and unknown causes .....M. F.	8 14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	5
B 46. All other diseases .....M. F.	74 52	1	...	1	1	...	...	...	...	2	1	1	1	2	1	3	5	5	10	11	13	9	8
“E” Code. <i>Alternative Classification of Accidents, Poisonings and Violence (external cause).</i>		...	...	...	...	1	...	...	1	...	4	2	...	1	1	3	7	3	1	8	10	8	2
BE47. Motor vehicle accidents .....M. F.	5 4	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...
BE48. All other accidents .....M. F.	18 10	2	...	...	...	1	...	2	1	1	1	...	...	2	1	2	1	1	...	1	1	2	...
BE49. Suicide and self-inflicted injury .....M. F.	5 1	...	...	1	...	...	...	...	...	...	...	2	1	...	...	1	...	...	1	...	...	...	3
BE50. Homicide and operations of war .....M. F.	3 1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
“N” Code. <i>Alternative Classification of Accidents, Poisonings and Violence (Nature of Injury).</i>																							
BN47. Fractures, head injuries and inter- nal injuries .....M. F.	15 11	...	1	1	...	...	...	...	1	1	1	...	1	...	...	3	1	...	1	...	2	2	...
BN48. Burns .....M. F.	1 3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BN49. Effects of poisons .....M. F.	6 1	1	...	1	...	...	...	...	...	...	...	1	1	...	...	1	...	...	1	...	...	...	1
BN50. All other injuries .....M. F.	9 1	2	...	...	...	...	...	...	1	...	...	2	...	2	1	...	...	...	...	...	...	...	...
TOTALS .....M. F.	692 576	43 34	6 1	7 2	1 1	...	4 5	2 1	4 3	6 1	10 11	9 11	9 9	14 16	29 19	43 16	61 40	73 54	83 39	79 93	101 97	65 70	43 53
GRAND TOTAL	1268	77	7	9	2	...	9	3	7	7	21	20	18	30	48	59	101	127	122	172	198	135	96

TABLE 1 (A)—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH
OF SOUTH SHIELDS DURING THE YEAR 1952. (SUPPLIED BY THE REGISTRAR-GENERAL).

CAUSES OF DEATH	Sex	All Ages	AGE GROUPS							
			0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M. F.	692 578	42 35	14 4	6 6	10 4	42 47	206 130	161 132	211 220
1. Tuberculosis, respiratory	M.	45	...	1	...	2	7	27	7	1
2. Tuberculosis, other	F.	18	...	1	...	3	8	6	...	...
3. Syphilitic disease	M.	2	...	1	...	...	...	1	...	...
4. Diphtheria	F.	...	...	...	...	...	...	...	...	...
5. Whooping Cough	M.	1	...	...	...	...	...	1	...	...
6. Meningococcal infections	F.	2	...	...	...	...	...	2	...	...
7. Acute poliomyelitis	M.	...	...	...	...	...	...	...	...	...
8. Measles	F.	...	...	2	...	...	...	...	...	...
9. Other infective and parasitic disease	M.	2	...	...	...	...	...	...	...	...
10. Malignant neoplasm, stomach	F.	1	...	...	1	...	1	...	...	...
11. Malignant neoplasm, lung, bronchus	M.	20	...	...	...	...	1	...	...	...
	F.	23	...	...	...	...	...	9	6	4
	M.	25	...	...	...	...	1	4	8	10
	F.	7	...	...	...	...	1	12	10	2
			...	...	...	...	...	1	4	1

TABLE 1 (A)—CONTINUED.

CAUSES OF DEATH	Sex	All Ages	AGE GROUPS							
			0—	1—	5—	15—	25—	45—	65—	75—
12. Malignant neoplasm, breast	F.	21	...	...	...	...	2	9	5	5
13. Malignant neoplasm, uterus	F.	20	...	...	...	...	2	12	3	3
14. Other malignant and lymphatic neoplasms	M.	62	...	...	1	...	2	18	22	19
	F.	47	...	...	1	...	3	18	13	12
15. Leukaemia, aleukaemia	M.	5	...	...	2	1	1	1	...	...
	F.	5	...	...	...	...	...	3	1	1
16. Diabetes	M.	4	...	...	1	...	...	...	2	1
	F.	3	...	...	...	...	...	1	1	1
17. Vascular lesions of nervous system	M.	70	...	...	...	...	...	15	19	36
	F.	72	...	...	...	...	2	14	24	32
18. Coronary disease, angina	M.	81	...	...	...	...	1	27	28	25
	F.	42	...	...	...	...	...	8	16	18
19. Hypertension with heart disease	M.	12	...	...	...	...	...	3	3	6
	F.	23	...	...	...	...	...	5	6	12
20. Other heart disease	M.	69	...	...	...	1	3	12	19	34
	F.	80	...	...	...	...	8	10	10	52
21. Other circulatory diseases	M.	47	...	...	...	...	1	2	13	31
	F.	36	...	...	...	...	2	8	10	16
22. Influenza	M.	2	...	...	...	...	1	...	...	1
	F.	3	...	...	...	...	...	...	...	3
23. Pneumonia	M.	38	9	4	...	...	1	8	6	10
	F.	34	11	...	...	...	...	4	7	12
24. Bronchitis	M.	57	4	...	...	...	3	31	7	12
	F.	24	...	...	...	...	1	4	8	11

TABLE 1 (A)—CONTINUED.

CAUSES OF DEATH	Sex	All Ages	AGE GROUPS							
			0—	1—	5—	15—	25—	45—	65—	75—
25. Other diseases of respiratory system	M.	4	...	...	...	...	2	1	1	...
	F.	2	...	...	...	...	...	1	1	...
26. Ulcer of stomach and duodenum	M.	10	...	...	...	...	3	7	...	...
	F.	3	...	...	...	...	...	...	3	...
27. Gastritis, enteritis and diarrhoea	M.	4	1	1	...	...	...	2	...	...
	F.	2	...	...	1	...	1	...	...	...
28. Nephritis and nephrosis	M.	5	...	...	...	1	1	3	...	...
	F.	12	...	...	...	...	3	4	2	3
29. Hyperplasia of prostate	M.	11	...	...	...	...	...	2	2	7
30. Pregnancy, childbirth, abortion	F.	4	...	...	...	...	4	...	...	...
31. Congenital malformations	M.	7	4	1	...	...	1	...	1	...
	F.	3	3	...	...	...	...	...	...	...
32. Other defined and ill-defined diseases	M.	76	20	2	1	2	5	17	12	17
	F.	72	19	...	1	1	7	13	5	26
33. Motor vehicle accidents	M.	5	...	2	...	...	...	1	1	1
	F.	4	...	...	1	...	...	2	1	...
34. All other accidents	M.	18	2	...	1	3	3	4	1	4
	F.	10	...	1	1	...	1	1	4	2
35. Suicide	M.	5	...	...	...	...	3	1	1	...
	F.	1	...	...	...	...	1	...	...	...
36. Homicide and operations of war	M.	3	1	1	...	...	1	...	...	...

TABLE 2.—Deaths during 1952 : Seasonal and Ward Distribution.

CAUSES OF DEATH	WARDS																			
	TOTAL	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Beacon	Bents	Brinkburn	Cleadon Park	Deans	Hadrian	Harton	Horsley Hill	Marsden	Rekendyke	Simonside	Tyne Dock	Victoria	Westoe	West Park
ALL CAUSES } Certified Uncertified	1236 32	365 9	268 10	294 6	309 7	88 1	82 2	60 3	61 1	78 3	101 2	71	43 1	110 4	125 4	77 1	96 2	83 4	5 1	76 3
B 1. Tuberculosis of respiratory system	63	21	15	12	15	2	3	3	6	4	6	1	1	8	11	7	5	3	1	2
B 2. Tuberculosis, other forms	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
B 3. Syphilis and its sequelae	3	1	—	—	2	—	1	—	—	—	—	—	—	—	—	1	1	1	—	—
B 4. Typhoid fever	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 9. Whooping cough	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
B 10. Meningococcal infections	2	1	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—
B 14. Measles	3	—	—	2	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—
B 16. Malaria	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 17. All other diseases classified as infective and parasitic	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
B 18. Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	235	53	52	73	57	18	20	13	11	14	9	7	10	20	27	13	17	17	20	19
B 19. Benign and unspecified neoplasms	1	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—
B 20. Diabetes mellitus	6	—	1	1	4	—	1	—	1	—	—	1	—	—	—	—	1	2	—	—
B 21. Anaemias	4	—	1	2	1	—	—	—	1	—	—	—	—	—	1	—	1	—	—	1
B 22. Vascular lesions affecting central nervous system.....	145	39	26	43	37	9	4	8	5	12	13	16	4	11	10	12	8	10	11	12
B 24. Rheumatic fever	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
B 25. Chronic rheumatic heart disease	15	4	8	2	1	—	—	—	1	—	2	—	1	—	3	—	4	1	2	1
B 26. Atherosclerotic and degenerative heart disease	249	73	56	54	66	22	15	11	15	12	24	15	4	29	23	14	15	21	13	16
B 27. Other diseases of heart	15	10	2	2	1	2	—	2	1	2	1	2	1	—	1	2	5	—	—	—
B 28. Hypertension with heart disease	40	14	8	10	8	2	5	2	4	—	4	5	1	3	1	2	2	3	4	2
B 29. Hypertension without mention of heart	16	7	4	1	4	1	—	1	1	1	4	1	—	1	—	1	1	—	2	3
B 30. Influenza	5	1	1	—	3	—	—	—	—	—	—	1	—	1	—	—	1	1	2	—
B 31. Pneumonia	72	27	12	12	21	6	4	9	2	5	7	1	1	7	9	4	3	11	2	1
B 32. Bronchitis.....	88	43	21	5	19	8	5	—	2	8	11	5	3	8	13	7	7	2	7	2
B 33. Ulcer of stomach and duoenum	10	—	4	3	3	—	—	1	—	2	2	—	—	—	—	—	2	2	1	—
B 34. Appendicitis	3	1	1	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—
B 35. Intestinal obstruction and hernia.....	12	3	5	1	1	3	2	—	—	—	—	—	1	—	—	2	—	—	1	3

TABLE 2.—Deaths during 1952 : Seasonal and Ward Distribution. (Contd.)

CAUSES OF DEATH	TOTAL	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	WARDS														
						Beacon	Bents	Brinkburn	Cleadon Park	Deans	Hadrian	Harton	Horsley Hill	Marsden	Rekendyke	Simonside	Tyne Dock	Victoria	Westoe	West Park
B 36. Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	5	—	2	2	1	1	—	—	—	—	—	1	—	1	2	—	—	—	—	—
B 37. Cirrhosis of liver	3	—	2	—	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—
B 38. Nephritis and nephrosis	17	4	5	5	3	2	2	—	—	3	1	1	—	3	—	—	1	—	1	—
B 39. Hyperplasia of prostate	7	3	1	2	1	3	—	—	—	—	—	—	1	1	1	—	—	2	—	—
B 40. Complication of pregnancy, childbirth and the puerperium.....	4	—	—	4	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—
B 41. Congenital malformations	10	5	2	2	1	—	—	1	—	2	—	1	—	—	3	—	—	—	—	—
B 42. Birth injuries, postnatal asphyxia and atelectasis	6	—	1	4	1	—	1	—	—	—	1	—	1	—	2	—	—	—	—	—
B 44. Other diseases peculiar to early infancy and immaturity unqualified	28	3	11	5	9	—	1	3	4	4	5	—	4	—	1	—	2	—	—	—
B 45. Senility without mention of psychosis, ill-defined and unknown causes	22	8	4	4	6	3	2	—	2	1	1	3	1	2	2	2	1	—	—	—
B 46. All other diseases	126	38	28	32	28	4	9	7	4	7	7	9	5	12	9	9	11	8	12	13
BE47. Motor vehicle accidents.....	9	—	—	3	6	—	3	1	—	1	—	—	1	1	1	1	—	1	—	—
BE48. All other accidents	28	11	2	10	5	2	—	2	2	2	3	—	1	2	5	1	2	1	4	1
BE49. Suicide and self-inflicted injury	6	1	1	—	4	—	2	1	—	—	—	—	—	1	1	1	1	—	—	—
BE50. Homicide and operations of war	4	2	—	—	2	—	2	—	—	—	1	—	—	—	1	—	—	—	—	—
TOTAL	1268	374	278	300	316	89	84	63	62	81	103	71	44	114	129	78	98	87	86	79

TABLE 3.—Deaths during 1952 in Institutions and Transferable Deaths.

INSTITUTIONS	Deaths in Institutions in the Borough		Deaths of South Shields Residents in Institutions outside of the Borough	Transferable Deaths	
	Residents	Non-Residents		Residents	Non-Residents
General Hospital	332	104	—	—	104
Ingham Infirmary	137	25	—	—	25
Deans Hospital	2	—	—	—	—
General Hospital, Newcastle	—	—	11	11	—
R.V.L., Newcastle	—	—	5	5	—
General Hospital, Sunderland	—	—	4	4	—
St. Mary's Hospital, Stannington	—	—	2	2	—
Shotley Bridge Hospital	—	—	6	6	—
Babies' Hospital, Newcastle	—	—	2	2	—
Cherry Knowles Hospital, Ryhope	—	—	5	5	—
Ministry of Pensions Hospital, Dunston	—	—	2	2	—
Other Hospitals	—	—	19	19	—
Other Places	—	—	—	6	7
At private addresses	—	—	—	12	10
TOTAL	471	129	56	74	146

TABLE 4.—POPULATION, BIRTHS AND DEATHS FOR 1932-52

Year	Popula- tion esti- mated to middle of each year	Births			Total deaths registered in the Borough		Transfer- able Deaths		Net deaths belonging to the Borough			
		Uncor- rected Num- ber	Net		Num- ber	Rate	Of Non-Residents in the Borough	Of Residents not registered in the Borough	Under 1 year of age		At all ages	
			Num- ber	Rate					Num- ber	Rate per 1,000 Net Births	Num- ber	Rate
1932	114,000	2,168	2,168	19.0	1,632	14.3	168	63	152	70	1,527	13.4
1933	114,100	1,961	1,963	17.2	1,679	14.7	185	64	182	93	1,558	13.7
1934	112,750	2,059	2,013	17.9	1,617	14.3	180	51	168	83	1,488	13.2
1935	112,000	1,969	1,930	17.2	1,545	13.8	196	60	154	80	1,409	12.6
1936	*111,350	1,924	1,878	16.9	1,607	14.4	189	49	163	87	1,467	13.2
1937	111,000	1,903	1,831	16.5	1,664	15.0	217	38	147	80	1,485	13.4
1938	110,400	2,007	1,897	17.2	1,645	14.9	172	47	124	65	1,520	13.8
1939	†106,900	1,883	1,834	16.7	1,594	14.9	224	58	120	66	1,428	13.4
1940	99,550	1,843	1,714	17.2	1,676	16.8	237	91	126	74	1,530	15.4
1941	92,910	1,732	1,597	17.2	1,793	19.3	229	109	146	91	1,673	18.0
1942	89,480	1,712	1,590	17.8	1,492	16.7	223	63	126	79	1,332	14.9
1943	86,130	1,822	1,696	19.7	1,622	18.8	231	68	127	75	1,459	16.9
1944	91,040	2,184	2,058	22.6	1,436	15.8	189	59	104	51	1,306	14.3
1945	93,680	2,008	1,882	20.1	1,482	15.8	195	64	131	70	1,351	14.4
1946	100,360	2,257	2,206	22.0	1,464	14.6	168	48	145	66	1,344	13.4
1947	101,780	2,434	2,441	24.0	1,458	14.3	147	53	118	48	1,364	13.4
1948	106,800	2,106	2,113	19.8	1,373	12.9	137	59	89	42	1,295	12.1
1949	108,360	2,120	2,127	19.6	1,479	13.6	141	64	97	46	1,402	12.9
1950	109,400	2,026	2,015	18.4	1,494	13.7	143	61	75	37	1,412	12.9
1951	‡106,670	1,897	1,933	18.1	1,413	13.2	128	78	76	39	1,363	12.8
1952	107,100	2,024	2,007	18.7	1,340	12.5	146	74	77	38	1,268	11.8

NOTES.—(a) The rates in Columns 5, 7, and 13 are calculated per 1,000 of the population.

(b) "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, died in a district other than that in which they resided.

*Modified estimate for calculation of rates, as Borough was extended on 1st April, 1936 (mid-year estimate for extended Borough, 111,800).

†The population for the calculation of the birth rate for 1939 as given by the Registrar-General was 110,000.

‡Modified estimate for calculation of rates, as Borough was extended on 1st April, 1951 (mid-year estimate for extended Borough, 106,800).

TABLE 5.—BIRTH RATES, INFANT MORTALITY RATES, AND DEATH RATES FROM VARIOUS CAUSES, 1871-1952.

YEAR	Estimated Population	Birth-rate	Death-rate	PRINCIPAL EPIDEMIC DISEASES							Respiratory Tuberculosis	Tuberculosis of other organs	Cancer	Bronchitis	Pneumonia	Influenza	Deaths under 1 year per 1,000 births
				Total	Smallpox	Measles	Scarlet Fever	*Diphtheria	Whooping Cough	"Fever"	†Diarrhoea						
Mean 1871-1880 ...	50,580	43.1	25.5	6.0	.86	.42	1.44	.12	.78	.79	1.59	1.91	...	...	...	...	164
Mean 1881-1890 ...	66,520	38.8	20.5	2.3	.01	.34	.45	.10	.44	.19	.78	1.84	...	...	...	...	140
Mean 1891-1900 ...	87,022	36.1	20.1	2.45	.00	.44	.22	.11	.46	.28	.93	1.60	.63	2.00	1.47	.29	166
Mean 1901-1910 ..	104,186	33.9	18.0	2.03	.02	.45	.17	.16	.47	.10	.66	1.50	.72	1.41	1.28	.25	140
Mean 1911-1920 ...	109,843	28.9	18.1	1.47	.00	.38	.09	.09	.26	.04	.61	1.53	.90	1.72	1.67	.84	126
Mean 1921-1930 ...	122,170	23.2	14.0	0.79	.00	.19	.03	.08	.19	.01	.29	1.33	1.09	1.15	1.17	.52	99
Mean 1931-1940 ...	110,625	17.7	13.7	0.55	...	.12	.03	.17	.08	...	.14	1.12	1.44	0.82	0.77	.36	81
1941	92,910	17.2	18.0	0.59	...	.12	...	.27	.12	...	.09	1.30	1.61	0.71	0.98	.18	91
1942	89,480	17.8	14.9	0.39	...	.03	.01	.19	.02	...	.13	1.15	1.79	0.60	0.56	.27	79
1943	86,130	19.7	16.9	0.44	...	.01	...	.21	.08	...	.14	1.07	2.02	0.89	0.93	.71	75
1944	91,040	22.6	14.3	0.25	...	.04	...	.09	.01	...	.11	0.97	2.15	0.76	0.55	.30	51
1945	93,680	20.1	14.4	0.27	...	.02	.01	.07	.03	...	.13	0.93	2.09	0.59	0.45	.17	70
1946	100,360	22.0	13.4	0.18	...	.02	.01	.02	.01	...	.12	0.86	1.83	1.18	0.45	.10	66
1947	101,780	24.0	13.4	0.15	...	...	...	.02	...	...	.13	0.70	2.01	0.94	0.82	.13	48
1948	106,800	19.8	12.1	0.12	...	.01	...	.02	...	...	.09	0.68	1.98	0.85	0.59	.02	42
1949	108,360	19.6	12.9	0.17	...	.01	...	.02	...	...	.14	0.98	1.83	0.99	0.87	.30	46
1950	109,400	18.4	12.9	0.10	...	.02	...	.01	...	...	.07	0.55	1.92	0.93	0.80	.25	37
Mean 1941-1950 ...	97,994	20.1	14.3	0.27	...	.03	.00	.09	.03	...	.12	0.92	1.92	0.84	0.70	.24	60
1951	106,670	18.1	12.8	0.04	...	.02	...	...	...	...	.02	0.35	2.18	0.95	0.56	.32	39
1952	107,100	18.7	11.8	0.06	...	.03	...	...	.01	...	.02	0.59	2.19	0.82	0.67	.05	38

* Since 1891, Membranous Group has been included under Diphtheria. † Diarrhoea and Enteritis (under 2 years of age) since 1905.

CANCER

During 1952 there were 235 deaths from cancer as compared with 233 in 1951 and 210 in 1950. 113 of the deaths occurred among males and 122 among females. There were 33 deaths from cancer of the respiratory system. The cancer death rate was 2.19 per 1,000 of the population as compared with 2.18 for England and Wales. Cancer accounted for 18.5 per cent of the total deaths in the Borough. 81 of the deaths occurred in hospitals.

The sex distribution and location of deaths in South Shields during 1952 is shown in the following table :—

<i>Code</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>
140	Lip	1	—	1
141	Tongue	6	1	7
141	Floor of mouth	1	—	1
148	Pharynx	—	1	1
150	Oesophagus	6	2	8
151	Stomach	22	21	43
153	Large Intestine	7	17	24
154	Rectum	8	7	15
155	Biliary passages and liver (primary)	2	1	3
157	Pancreas	3	2	5
161	Larynx	1	—	1
162	Trachea, bronchus and lung (primary)	8	5	13
163	Lung and bronchus (unspecified)	17	2	19
170	Breast	—	21	21
171	Cervix uteri	—	14	14
174	Uterus (unspecified)	—	6	6
175	Ovary, Fallopian tube and broad ligament	—	7	7
177	Prostate	7	—	7
179	Male genital organs (unspecified)	1	—	1
180	Kidney	1	3	4
181	Bladder and other urinary organs	5	—	5
191	Other malignant neoplasms of skin	1	—	1
193	Brain and other parts of nervous system	2	1	3
195	Endocrine glands	1	—	1
196	Bone	3	1	4

<i>Code</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>
197	Connective tissue	1	—	1
199	Other and unspecified sites	1	3	4
200	Lymphosarcoma	1	1	2
201	Hodgkin's disease	1	—	1
204	Leukaemia and aleukaemia	6	6	12
Total		113	122	235

Deaths from cancer have shown a progressive increase during the last twenty years, particularly from cancer of the lungs and pleura. The apparent increase in lung cancer can, partially, but not entirely, be accounted for by better diagnosis. Formerly it was most difficult to distinguish during life between cancer and tuberculosis of the lung, but since the advance in diagnostic methods and in thoracic surgery, which has taken place during the last decade or so, it is now possible to distinguish more accurately between the two conditions.

The distribution, percentage of total deaths and percentage of deaths 35 years of age and upwards (i.e. the age usually affected) since 1933 is given in the following table.

CANCER DEATHS, 1933 to 1952.

Situation.	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Buccal cavity and pharynx	8	7	11	7	7	5	10	7	8	6	4	6	4	6	8	6	6	2	5	10
Digestive organs and peritoneum	97	85	85	94	91	93	122	103	92	75	106	110	127	112	115	106	107	100	112	98
Respiratory system	6	4	1	4	6	7	15	7	9	19	12	10	14	24	30	31	33	41	50	33
Breast and genito-urinary organs	39	28	28	54	36	35	42	35	33	47	39	56	41	34	48	52	42	51	45	65
Other and unspecified sites	15	18	18	22	13	13	10	16	8	13	13	14	10	8	4	16	10	8	13	14
*Lymphatic & haematopoietic tissues	5	4	3	3	1	...	6	1	4	6	2	8	4	3	3	8	11	8	8	15
Total	170	146	146	184	154	153	205	169	154	166	176	204	200	187	208	219	209	210	233	235
*Percent. of all deaths	10.9	9.8	10.4	12.5	10.4	10.1	14.4	11.0	9.2	12.5	12.1	15.6	14.8	13.9	15.2	16.9	14.9	14.9	17.1	18.5
*Percentage of deaths 35 and over	16.3	14.3	14.4	16.5	13.8	13.3	18.4	13.9	11.8	15.7	15.0	18.9	17.8	17.2	17.9	19.3	17.2	16.5	18.7	20.5

*Under the new regulations of the World Health Organisation which came into force on 1st January, 1950, the following diseases are now classified as Cancer : Hodgkin's disease, Lymphoma (reticulosis), Leukaemia and aleukaemia and Mycosis fungoides and these diseases have therefore been added to 1933/49 figures for comparison.

SANITARY CIRCUMSTANCES OF THE COUNTY BOROUGH

Water Supply

Water is supplied by the Sunderland and South Shields Water Company. The supply is constant, adequate and according to bacteriological and chemical reports, satisfactory.

The town's population is 107,100 and there are 33,924 dwelling houses, each having a piped water supply to, or within, the premises.

The water has no plumbo-solvent action and no complaint has been made to the Health Department with reference to the supply.

Chlorination is carried out by the company and reports are supplied to, and as required by, the Medical Officer of Health.

Bacteriological examinations of the water supply were made by the Company from the various deep wells and other sources which constitute the supply, also from the various reservoirs and from consumers taps, the following results* being obtained.:—

B. COLI PERCENTAGES

		No. of	Negative	Positive	Positive	Positive
		Samples	in	in	in	in
			100 ml.	100 ml.	10 ml.	1 ml.
Wells	...	141	95.0	5.0	—	—
Reservoirs	...	127	96.9	3.1	—	—
Taps	...	100	91.0	9.0	—	—

**The water supply system of the Company being derived from eighteen different sources, is so complex, that is it impossible to say how many of the results are applicable to South Shields: all the samples taken have therefore been included.*

Typical Analysis (Chemical) of Water Supply in 1952

	parts per million
Total Solids	438
Chloride	44
Chlorine expressed as Sodium Chloride	72
Total Hardness	316
Temporary Hardness	239
Permanent Hardness	77
Nitrogen as Free Ammonia	0.004
Nitrogen as Nitrate.....	1
Nitrogen as Nitrite	nil
Iron	nil
Colour (Hazen degrees)	7
Suspended Matter	nil

Analysis (contd.)

Total Hardness (degrees)	22.1
Temporary Hardness	16.7
Permanent Hardness	5.4

Drainage and Sewage Disposal

The town is drained on the combined system ; all sewer outfalls being direct into the River Tyne or sea. No complaints have been made during the year with reference to sewer termini, but discharge remains particularly noticeable at the Corporation Quay.

Closet Accommodation

With the exception of a few isolated buildings, all closets are on the water carriage system.

Public Cleansing

Public Cleansing is the function of a separate department, but when complaint is lodged it is usually to the Health Department. During the year there has been no justifiable complaint.

Disposal of refuse is by tipping or incineration—the tips being regularly inspected by the Sanitary Inspectors and Rodent Operator.

Camp Sites

The position is unchanged from last year ; there being 39 families in huts at the former Marsden Holiday Camp and one family at Northfield Gardens.

In the area added to the County Borough under the South Shields Extension Act, 1950, there are 28 huts at North Pastures Camp. Conditions are similar to those at Marsden.

Swimming Baths

The indoor swimming bath at Derby Street was closed for repairs from mid-February until mid-July. Regular water samples were taken and tested for chlorine content and pH factor. Eight bacteriological samples were satisfactory.

Eradication of Vermin (other than rodents)*(a) Premises :*

During the year 133 premises were treated : for bugs (34), fleas (20), flies (11), beetles (57), woodworm (8), ants, wasps, etc. (3).

(b) Persons :

Three adults were reported as verminous during the year. One was satisfactorily treated at home and one voluntarily entered hospital. The third case (in need of care and attention) was dealt with under the provisions of the National Assistance Acts of 1948-51.

Schools

Twenty-three visits were paid by the Sanitary Inspectors and conditions were found to be generally satisfactory.

Offensive Trades

There are nine offensive trades on the register viz. :—

- 1 Gut scraper.
- 2 Tripe boilers.
- 6 Rag and bone dealers.

The gut scraper and tripe boilers occupy premises at the Abattoir. Total visits during the year were 162.

Lodging Houses

There are 12 licensed Seamen's Lodging Houses in the town and 234 visits were paid by the Inspectors.

Rodent Control

Complaints of rats or mice numbered 215. Of these 135 referred to domestic premises, 51 business properties and 29 to local authority's premises.

For eight weeks during the year, six men were engaged with sewer baiting. Only affected manholes plus adjacent ones were treated; and of the 1219 dealt with, 23% showed evidence of infestation.

The following table shows the total estimated kill for 1952 :—

<i>Treatment.</i>	<i>No. of baits laid.</i>	<i>Weight of bait.</i>	<i>Kill of rats and mice.</i>
Complaints ...	3,420	4 cwts.	4,063
Sewers	5,064	9 cwts.	1,905
Total	8,484	13 cwts.	5,968

During the year the Rodent Operator paid 1,972 visits to premises and the Sanitary Inspectors 255.

Cinemas

Forty-seven visits were paid to the twelve places of amusement.

Rag Flock and Other Filling Materials Act, 1951

Six visits were paid to premises where flock is used and conditions were found to be satisfactory. There are no rag flock manufacturers in the town.

Atmospheric Pollution

Ten smoke observations were taken and advice given in each case.

During 1951, three local stations were established for the purpose of estimating atmospheric pollution and 1952 is the first full year of observations. Unfortunately as a result of some initial difficulties, deposit readings at the Stanhope Road station were only available for the second six months of the year and the sulphur readings at the Harton station were incomplete.

Daily wind direction readings are set out alongside table (B) and show the prevailing winds for each month. Obviously the wind direction is an important factor in atmospheric pollution in an area such as South Shields where smoke and grit can be conveyed from contiguous districts. Thus the prevailing westerly winds will no doubt bring at least some pollution from sources further up the River Tyne.

Whilst the incomplete readings for 1952 do not afford a basis for any firm conclusion, it is noted tentatively that of the three stations, the Harton stations shows the highest average monthly readings both for deposit and sulphur. As this is a purely residential district, the result is surprising until one considers the effects of the prevailing winds as mentioned.

TABLE A.—DEPOSIT GAUGE READINGS

Month	TOWN HALL				HARTON JUNIOR SCHOOL				STANHOPE ROAD SCHOOL*			
	Rain-fall in ins.	Monthly Deposit in tons per square mile			Rain-fall in ins.	Monthly Deposit in tons per square mile			Rain-fall in ins.	Monthly Deposit in tons per square mile		
		Total soluble matter	Total insoluble matter	Total solids		Total soluble matter	Total insoluble matter	Total Solids		Total soluble matter	Total insoluble matter	Total Solids
January	2.19	6.78	15.54	22.32	2.32	7.80	16.50	24.30	—	—	—	—
February	0.66	2.14	11.72	13.86	0.62	2.00	12.37	14.37	—	—	—	—
March	1.17	3.49	10.90	14.39	1.24	4.00	10.90	14.90	—	—	—	—
April	1.22	4.41	10.97	15.38	1.24	4.00	10.80	14.80	—	—	—	—
May	1.42	4.81	10.41	15.22	1.24	3.83	9.67	13.50	—	—	—	—
June	2.80	5.43	8.99	14.42	2.63	4.44	10.70	15.14	—	—	—	—
July	0.91	3.29	14.19	17.48	0.88	2.93	13.14	16.07	0.87	2.82	10.57	13.39
August	1.63	5.47	8.99	14.46	1.49	5.04	9.50	14.54	1.57	5.71	10.23	15.94
September	3.00	9.32	8.92	18.24	2.99	10.07	10.67	20.74	2.73	7.41	8.23	15.64
October	1.73	6.06	6.72	12.78	1.80	7.00	8.47	15.47	1.57	5.71	7.48	13.19
November	3.46	12.97	8.17	21.14	3.40	13.63	9.20	22.83	3.10	11.22	8.81	20.03
December	2.70	9.78	7.44	17.22	2.83	10.64	8.43	19.07	2.68	10.07	8.33	18.40
Average (monthly)	1.91	6.16	10.25	16.41	1.89	6.28	10.86	17.14	1.04	7.16	8.94	16.10

* Apparatus installed 1st July, 1952.

TABLE B.—ESTIMATION OF SULPHUR CONTENT.

Month	Estimated Sulphur Index (mgms. sulphur trioxide per day collected by 100 square cms. lead peroxide)			Wind (Direction at 9 a.m.)							
	Town Hall	Harton Junior School	Stanhope Road School	N	NE	E	SE	S	SW	W	NW
January	1.57	—*	1.83	2	1	—	1	4	10	9	4
February	1.50	1.96	2.05	3	—	—	—	—	6	11	9
March	1.51	—*	1.97	2	5	2	6	7	4	2	3
April	1.60	2.06	2.05	3	2	2	4	6	8	3	2
May	1.50	—*	1.96	3	7	6	5	1	3	4	2
June	1.67	1.99	2.03	1	3	1	—	3	9	8	5
July	1.60	1.89	1.96	5	5	—	1	1	4	8	7
August	1.70	2.03	1.99	2	2	2	2	4	9	8	2
September	1.82	2.18	1.96	6	5	—	1	—	3	8	7
October	1.80	2.12	2.03	2	1	4	5	5	6	6	2
November	1.80	2.22	2.15	2	2	3	—	1	8	5	9
December	1.99	2.16	2.08	2	1	—	—	4	11	9	4
Total	—	—	—	33	34	20	25	36	81	81	56
Average	1.67	2.07	2.01	—	—	—	—	—	—	—	—

* Out of Order.

Factories

During the year 57 visits were paid to factories under the 1937 Factories Act and Regulations. There were no outworkers employed during the year and the following tables indicate the local position in December, 1952 :—

Inspections for purposes of provisions as to health.

Premises (1)	M/c line No. (2)	No. on Register (3)	Number of			M/c line No. (7)
			Inspections (4)	Written Notices (5)	Occupiers prosecuted (6)	
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities.....	1	203	27	3	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	476	33	—	—	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority *(excluding outworkers' premises)	3	8	8	—	—	3
TOTAL		687	68	3	—	

Cases in which defects were found.

Particulars (1)	M/c line No. (2)	No. of cases in which defects were found				No. of cases in which prosecutions were instituted (7)
		Found (3)	Remedied (4)	Referred To H.M. Inspector (5)	By H.M. Inspector (6)	
Want of cleanliness (S.1)	4	1	1	—	—	—
Overcrowding (S.2.)	5	—	—	—	—	—
Unreasonable temperature (S.3)	6	—	—	—	—	—
Inadequate ventilation (S.4)....	7	—	—	—	—	—
Ineffective drainage of floors (S.6)	8	—	—	—	—	—
Sanitary Conveniences (S.7)						
(a) insufficient	9	—	—	—	—	—
(b) unsuitable or defective	10	4	4	—	1	—
(c) not separate for sexes	11	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	12	—	—	—	—	—
TOTAL	—	5	5	—	1	—

*Electrical Station (Section 103 (1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

VISITS OF INSPECTIONS

Visits by Sanitary Inspectors, 1952

The following is a summary of the visits of inspection, etc., by the Sanitary Inspectors during the year 1952 :—

General district inspection	7,346
Inspection of repairs to property	1,886
Interviews and appointments	1,374
Investigation of complaints of nuisances	1,129
Testing drains	61
Smoke observations	10
Overcrowding	18
Verminous persons	3
Seamen's Lodging Houses	234
Homeworkers premises	2
Factories : M.P.	44
Factories : N.M.P.	13
Bakehouses	8
Fried fish shops	1
Ice Cream shops	9
Food premises	689
Food inspections	225
Food sampling	419
Stables and allotments	91
Piggeries	52
Cinemas	47
Rat and vermin investigations	815
Schools	17
Refuse dumps	12
Squatters	14
Swimming bath	2
Local land charges	545
Public conveniences	181
Abattoir	35
Plans	42
Infectious diseases	1,070
Tuberculosis	38
Contacts of smallpox, etc.	12
Court proceedings	3
Back streets	880
Exhumation	2
Rent Act Certificates	3
Rag dealers	6
Second hand dealers	16

Dance hall	1
Atmospheric pollution observations	6
Pet shops	6
Clubs	2
Air raid shelters	3
Building plans	209
	<hr/>
	17,581
	<hr/>

NOTICES SERVED DURING 1952

The following is a summary of the notices served by the Sanitary Inspectors during 1952 :—

(A) ON OWNERS :

Number of notices served	1,098
Number of houses not in all respects reasonably fit for habitation	805
Nuisances caused by :	
Choked or defective drain	80
Defective W.C.	68
Defective scullery sink wastepipe	21
Accumulation of refuse	4
Rats	3
House without sufficient water supply	25
House without adequate washing facilities	—
Defective outbuildings	68
Factory :	
Insufficient sanitary accommodation	7
Dust nuisance	1
Defective drain	1
Food premises not complying with byelaws	14
Insanitary stables	1
(B) ON OCCUPIERS :	
For nuisances caused by :	
Dirty yard, etc.	18
Dirty premises	12
Keeping of animals	2
Preliminary notices served	1098
„ „ complied with	720
Statutory notices served	250
„ „ complied with	244
Referred to the Town Clerk for further action	130
Legal proceedings	—

STRUCTURAL IMPROVEMENTS EFFECTED, 1952

Nature of Work

Dwelling houses : closed	3
generally improved	715
Drains : abolished	3
provided	38
relaid	6
repaired	29
cleared	99
traps, gullies, etc., provided or renewed	62
Yards : relaid	7
repaired	48
W.C's : newly provided, complete	21
basins, cisterns, etc., renewed	192
Dustbins : provided	1
Urinals : repaired	3
Baths : provided	5
Washups : newly provided	32
traps, waste-pipes, etc., repaired	67
Lavatories : repaired	5
Wash-houses : rebuilt or repaired.....	141
floors repaired	5
Other outbuildings : provided	2
rebuilt or repaired.....	122
Water supply : reinstated	14
Factories : general repairs	3
Stables and piggeries : repaired	2
Public houses : drains repaired	3
improved sanitary accommodation	1
Rainwater cistern (underground) filled in	2
Food premises : washing facilities improved	4
Total improvements	1635

HOUSING

There were 33,924 inhabited houses in the County Borough at the end of 1952.

New Houses

504 new houses were completed during the year as follows :—

<i>Type</i>	<i>Situation</i>	<i>Number</i>
Houses (semi-detached 2 & 3 bedrooms)	Harton Downhill	22
Bungalows (2 bedrooms)		
Bungalows (2 bedrooms)	Marsden Road	30
Houses (semi-detached 2 & 3 bedrooms)	Simonside—Section 1	30
Houses (terrace 2 bedrooms)		
Houses (semi-detached 2 & 3 bedrooms)	Simonside—Section 2	246
Bungalows (2 bedrooms)		
Houses (semi-detached 2 & 3 bedrooms)	Simonside—Section 3	62
Bungalows (2 bedrooms)		
Houses (semi-detached 2 & 3 bedrooms)	Simonside—Section 4	34
Flats (2 & 3 bedrooms)	Farding Square	66
Total		504

Fair Rents Information Bureau

The following statement by the Borough Treasurer summarises the work of the Bureau during 1952 :—

Complaints by tenants of overcharging	24
Enquiries by landlords	70
Enquiries concerning warrants of distress, notices to quit, repairs, etc.	111
	205

Overcharged rents refunded—£148

Housing Administration

The following table summarises the work of Inspectors during 1952 :—

Houses Inspected	2,827
Number of Inspections	3,908
Number of totally unfit houses	2,022
Number of houses not reasonably fit	805
Rendered fit by informal action	720
Statutory Notices served	250
Rendered fit after Statutory Notice.....	244

Slum Clearance

During the year the following were represented to the Council as Clearance Areas for the purpose of the Housing Act, 1936 :—

Maxwell Street (No. 4) Area.
 Adelaide Street (No. 2) Area.
 Tyne Dock (No. 1) Area.

The Council approved the above areas for clearance and declared them to be (with certain adjacent properties) areas for acquirement under the powers of compulsory purchase. Accordingly representation was made to the Ministry of Housing and Local Government and Public Enquiries were arranged for February and March of 1953.

Rent Restriction Acts

Applications for certificates received	4
Applications granted	3
Application refused	1

PET ANIMALS ACT, 1951

This Act came into force on the 1st April, 1952 and made it an offence to keep a pet shop without a licence granted by the local authority.

It is also an offence to sell animals as pets in any street or public place other than a market or to sell such animals to a person under the age of 12 years.

Specified conditions are to be complied with before any licence is granted.

Four licences were granted during the year.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

The number of milk vendors on the register on 31st December, 1952 was as follows :—

	<i>Loose Milk.</i>	<i>Bottled Milk</i>	<i>Total</i>
On register, 31st December, 1951	32	295	327
Registered during 1952	—	35	35
Removed from register during 1952	15	—	15
	<hr/>	<hr/>	<hr/>
On register, 31st December, 1952	17	330	347
	<hr/>	<hr/>	<hr/>

Five of these are wholesale dealers, eight are producer-retailers, and two are producer-retailers from outside the town.

Milk (Special Designated)

The following licences were granted during the year :—

	<i>Estab. where produced & bottled</i>	<i>Estab. where produced only</i>	<i>Estab. where sold</i>	<i>Estab. where Pasteurised or sterilised</i>	<i>Supple- mentary Licences</i>	<i>Total</i>
Tuberculin Tested						
Milk	—	—	10	—	4	14
Accredited	—	—	—	—	—	—
Pasteurised	—	—	20	1	3	24
Sterilised	—	—	320	1	2	323
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total	—	—	350	2	9	361
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Ice-Cream

In accordance with the provisions of the Food and Drugs Act, 1938, the following premises were registered at the end of 1952 :—

	<i>For Manufacture and Sale</i>	<i>For Sale only</i>	<i>Total</i>
On register in 1951	24	138	162
Registered in 1952	—	36	36
Removed from register during 1952	—	—	—
	<hr/>	<hr/>	<hr/>
On register 31.12.52	24	174	198
	<hr/>	<hr/>	<hr/>

Meat Inspection at the Public Abattoir

There are no private slaughter-houses in the town ; all slaughtering of saleable animals for food must be carried out at the Public Abattoir.

The following table shows the number of animals slaughtered at the Public Abattoir during the past nine years.

	1944	1945	1946	1947	1948	1949	1950	1951	1952
Beasts	5167	5240	5361	5183	5051	5375	6597	8090	7662
Calves	31	72	35	15	11	966	8	782	212
Sheep	20339	23290	25451	17454	16693	19832	20151	19494	27792
Pigs	68	182	96	56	123	225	1137	2746	12790
Goats	103	54	31	69	18	24	—	33	8
	25708	28838	30974	22777	21896	26422	27893	31145	48464

Food Inspected and Rejected as Unfit

The following table shows the amount of food rejected during the year :—

AT THE ABATTOIR :

Parts and organs rejected on account of Tuberculosis :—

	Cows	Heifers	Bullocks	Bulls	Calves	Pigs
Forequarters	18	4	2	—	—	—
Hindquarters	3	—	4	—	—	—
Feet	—	—	—	—	—	—
Ribs	—	3	1	—	—	—
Heads	87	61	69	—	—	423
Lungs)	316	105	146	—	—	238
Hearts)						
Livers	24	13	15	—	—	57
Stomachs	14	3	5	—	—	12
Fats and Guts	122	55	38	—	—	511
Chitterlings	—	—	—	—	—	270
Kidneys	—	—	—	—	—	—
Udders	2	—	—	—	—	1
Spleens	14	5	12	—	—	—
Diaphragms	44	20	19	—	—	—

On account of Tuberculosis :—

	Cows	Heifers	Bullocks	Bulls	Calves	Pigs	Total
Whole carcasses and offal	66	14	10	—	—	33	123
Animals with parts or organs rejected	384	127	179	—	—	569	1259
Total animals affected	450	141	189	—	—	602	1382

Weight of meat and offal (excluding lungs, tripes and guts) rejected on account of Tuberculosis :—

Beef : 79,522 lbs. Pork : 37,505 lbs.

Weight of beef and pork 52 tons 4 cwt. 99 lbs.

Weight of lungs, tripes and guts 10 tons 2 cwt. 76 lbs.

Total weight rejected on account

of Tuberculosis 62 tons 7 cwt. 63 lbs.

Comparative Table showing the Percentage of Animals found to be affected with Tuberculosis during the past seven years

Tuberculosis	Year	Cattle excluding Cows	Cows	Calves	Pigs
Number of animals killed and inspected.	1946	4962	399	35	96
	1947	4741	422	15	56
	1948	4740	311	11	123
	1949	5101	274	966	225
	1950	5584	1013	8	1137
	1951	7017	1073	782	2746
	1952	6455	1207	212	12790
Whole carcasses rejected.	1946	17	13	—	—
	1947	14	17	—	—
	1948	9	11	—	1
	1949	13	5	1	2
	1950	15	49	—	3
	1951	27	37	—	5
	1952	24	66	—	33
Carcasses of which some part or organ was rejected.	1946	595	110	—	2
	1947	292	70	1	2
	1948	362	52	1	6
	1949	256	48	—	8
	1950	324	344	—	22
	1951	307	253	—	160
	1952	306	384	—	569
Percentage of animals affected with tuberculosis.	1946	12.33%	30.83%	—	2.08%
	1947	6.4%	19.7%	6.7%	3.6%
	1948	7.8%	20.3%	9.1%	5.6%
	1949	5.3%	19.3%	0.1%	4.4%
	1950	6.1%	38.8%	—	2.2%
	1951	4.76%	27.03%	—	5.9%
	1952	5.11%	37.28%	—	4.71%

[illegible]

**Total weight of Meat and Offal (excluding lungs, tripes and guts)
rejected at the Abattoir for all diseases (excepting Tuberculosis) and
unwholesome conditions**

Beef	50,028 lbs. and 601 lbs. Beef (Bruised).
Mutton	5,644 lbs. and 10 lbs. Mutton (Bruised).
Pork	16,668 lbs. and 113 lbs. Pork (Bruised).

73,064 lbs.—32 tons 12 cwt. 40 lbs.

Lungs, tripes, guts	5,339 lbs.
1091 portions of liver	4,284 lbs.

9,623 lbs.—4 tons 5 cwt. 103 lbs.

Miscellaneous parts (legs, flanks, shoulders, shanks, etc.) rejected
due to arthritis, fractures, abscesses, etc. :—

Beef	562 lbs.
Mutton	68 lbs.
Pork	592 lbs.

1,222 lbs.—10 cwt. 102 lbs.

Total—37 tons 9 cwt. 21 lbs.

The details of food rejected in the previous paragraphs are summarised in the following table

CARCASES INSPECTED AND REJECTED IN 1952

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed.	6455	1207	212	27792	12790
Number inspected.	6455	1207	212	27792	12790
All diseases except Tuberculosis :—					
Whole carcasses rejected	4	2	5	73	45
Carcasses of which some part or organ was rejected.	3379	320	—	431	216
Percentage of the number inspected affected with disease other than tuberculosis.	52.57%	36.67%	2.35%	1.81%	2.04%
Tuberculosis only :—					
Whole carcasses rejected.	24	66	—	—	33
Carcasses of which some part or organ was rejected.	306	384	—	—	569
Percentage of the number inspected affected with tuberculosis.	5.11%	37.28%	—	—	4.71%

Articles of Food rejected outside Abattoir

Beef	2,857 lbs.
Mutton	1,049 „
Pork	992 „
Pigs heads and tongues	193 „
Poultry	148 „
Sausages	47 „
Liver	83 „
Black Pudding	25½ „
Bacon	995 „
Offal	141 „
Tinned Veal	356 „
Tinned Cooked Ham	5,376 „
Sweet Fat	56 „
Beans	26 „
Peas	80 „
Raisins	30 „
Sultanas	30 „
<hr/>	
Total	12,485 lbs.

Cheese	88 lbs.
Margarine	61 lbs.
Sugar	1 cwt.
Tea	2 lbs.
Sweets	246 lbs.
Shrimps	20 lbs.
Chocolate Tea Cakes	1,152 only
Chocolate Biscuits	13 gross
Biscuits	13 lbs.
Cake	117 lbs.
Cake Powder	57 lbs.
Cereals	32 lbs.
Barley	30 lbs.
Semolina	14 lbs.
Rice	14 lbs.
Desiccated Coconut	103 lbs.
Sago	8 lbs.
Ice Cream Powder	28 lbs.
<hr/>	
Total	1,999 lbs.

Tins, jars, packets, etc., of :—

Milk	546
Beans	888
Peas	2,034
Meat Products	2,829
Vegetables	35
Tomatoes	2,456
Fish	383
Fruit	5,157
Jams and Syrups.....	1,108
Soups.....	326
Miscellaneous	2,266

Total 18,028

(approx. weight—21,160 lbs.).

TOTAL WEIGHT—16 TONS (approx.)

SAMPLING OF FOOD AND DRUGS

CHEMICAL ANALYSES.

Designated Milk.

Sterilised Milk	12	
T.T. (Farm bottled)	69	
T.T. (Pasteurised)	36	
Pasteurised	48	
	<hr/>	165

General.

Dry Goods	45	
Drugs	18	
Ice-Cream	9	
	<hr/>	72
		<hr/>
		237

BACTERIOLOGICAL ANALYSES.

Designated Milks.

T.T. (Farm bottled)	67	
T.T. (Pasteurised)	36	
Pasteurised	54	
Sterilised	12	
	<hr/>	169

Milk Products.

Ice Cream	9	
	<hr/>	9
		<hr/>
		178

BIOLOGICAL ANALYSES.

T.T. (Farm bottled)	9	
	<hr/>	9

Total	<hr/>	<hr/>
		424

Of these samples 1 informal sample of milk was found to be not genuine and this was followed by a formal sample which was genuine. In December, 1951, an informal sample of drugs was found to be not genuine so a 'follow up' formal sample was taken in 1952 and it was found to be genuine as per amended formula. One informal sample of ice cream was found to be deficient in fat but no action was taken because of the lowering of the Standard of Ice Cream.

The informal samples taken included 7 special samples as follows :—

- (a) 2 samples taken of suspected horseflesh but the analyst could not prove conclusively.
- (b) Pearl barley was found to be affected with mites. This barley was withdrawn from sale.
- (c) 2 samples of pineapples and 1 sample of grapefruit were found to be affected with yeast and fermented—these tinned fruits were withdrawn from sale.
- (d) Rice was found to be contaminated by foreign matter and was undesirable for human consumption. The rice was withdrawn from sale.

The 18 samples of ice cream were, except for sample referred to, of good quality and cleanliness. Premises for preparing the ice cream were found to be well maintained and kept in a good state of cleanliness.

Food Hygiene

During the year a course of eight evening lectures was arranged at the Marine and Technical College. It was attended by food handlers engaged in the various sections of the trade and Certificates were awarded to those who completed the course. The Chief Sanitary Inspector acted as Tutor and also demonstrated with films and practical exhibits.

Food shops in the town have been visited by the District Inspectors under the Food Byelaws and literature distributed to the occupiers. Fifty-three more premises have provided washing facilities complete with hot and cold water on tap.

Milk Regulations, 1949

It has again not been necessary to report for any action under regulation 20 with reference to infected milk.

Diseases of Animals Act, 1950

No contravention of the Act or Orders was reported during the year.

At the Abattoir, lesions from two animals (a cow and pig) suggested the possibility of anthrax, but microscopical examination of the blood indicated that it was not necessary to notify the appropriate Ministry.

Fertilisers and Feeding Stuffs Act, 1926

Seven samples were taken under the Act and Regulations and six were satisfactory. One was imperfectly mixed and this information was referred to the Inspector at the town where the sample had originated.

INSPECTION UNDER THE SHOPS ACTS

Number of Shops

Number of Shops on Register at 31st December, 1952, excluding stalls in Market Place and including cinemas and petrol-filling stations :—

Occupied	1713
Vacant	78
	<hr/>
	1791
	<hr/>

Six shops have been demolished under a Council Clearing Order making a decrease in the number of shops.

Assistants

Assistants are employed in 963 shops ; the remaining shops occupied 750, being conducted by the occupiers.

Licensed Premises

The number of premises on the register which are licensed for the sale of intoxicating liquors, to be consumed on the premises, is 116, in none of these premises are any assistants employed under the age of 18 years.

Visits to Premises

Number of visits paid to shops, including stalls and cafes on fore-shores, motor-filling stations, licensed premises 2,050 excluding visits to premises after closing hours and Sundays.

Interviews and appointments—34.

Complaints received and investigated—28.

Infringement of the Shops Act, 1950

Not closing shop on weekly Half Holiday at 1 p.m. Section 1 (1)	3
Not exhibiting Notices in respect of Early Closing Day, Section 1 (3)	15
Trading after hours, Section 2 (1)	4
Not exhibiting assistants' weekly holiday Notices, Section 17 (2)	52

Not keeping in prescribed form a record of the names and hours worked by persons employed about the business of a Shop on Sunday, and of the days in the week each person received compensatory holidays for Sunday employment—Section 22 (3).....	7
Record of Hours of Work of Young Persons not being kept up to date, Section 32 (2)	3
Not keeping records of hours of employment of Young Persons and not exhibiting the forms and notices required—Section 32 (2)	28
Failing to display Notices of Conditions of Employment of a Young Person—Section 32 (3)	19
Not providing seats for female shop assistants Section 37 (1)	6
Not exhibiting Notices stating seats are provided — Section 37 (2)	53
Failing to provide suitable heating arrangements Section 38 (B)	13
Trading on Sundays (Section 47)	8
Not exhibiting Notices stating the purpose for which a Shop is open on a Sunday (Section 57)	21
	<hr/>
	232
	<hr/>

These infringements were first offences and the persons in default were cautioned and instructed by the Inspector, 145 verbally and 87 by written intimation, all of which infringements were found to be rectified on subsequent visits.

In two cases a letter of caution was, on the instruction of the Committee, sent by the Town Clerk.

The lifting of the restrictions of the Winter Closing Hours provided by Section 2 (1) of the Shops Act, 1950, has had the effect of removing one of the chief grievances of shopkeepers during the winter months.

The larger shops and department stores however have not altered their closing hours. The majority still close between 5 p.m. and 6 p.m. both winter and summer.

The restriction of Sunday Trading continues to be a source of friction between shopkeepers who are prohibited from selling their goods as against those whose shops are exempt on a Sunday, i.e. fruiterers, etc. However the majority conform to the Act. In only one case of Sunday Trading was it found necessary to report to the Committee and the shopkeeper was sent a warning letter by the Town Clerk.

Circulars explaining the various Shops Acts were issued to traders where required.

In addition to the Shops Act, 1950, there are twelve orders made by the Council. Each year a South Shields (Ocean Road and Foreshores) Sunday Trading Order is made permitting certain articles to be sold on a Sunday under Section 51 of the Shops Act, 1950. These are at present under review by the Town Clerk's Department with a view to consolidation.

NOTIFIABLE DISEASES

The following tables give the corrected figure of all cases of Infectious Disease notified in the Borough during 1952 :—

Table A —Age Groups.

„ B —Ward Distribution.

„ C —Seasonal Incidence.

„ D —Comparative figures for past 10 years.

„ E — „ „ for England and Wales.

Table A.—Age Group of Notifications, 1952.

Disease	At all ages	Under 1	1 & 2	3 & 4	5— 9	10— 14	15— 24	25— 44	45— 64	65—
Scarlet fever	318	—	22	64	195	28	6	3	—	—
Whooping cough	561	52	159	136	206	6	2	—	—	—
Acute poliomyelitis	6	—	2	2	1	—	—	—	1	—
Measles	1676	92	402	514	643	19	6	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Pneumonia : influenzal	7	—	—	—	1	—	—	2	2	2
primary.....	99	4	3	9	10	3	7	19	25	19
Dysentery	36	2	3	5	8	4	2	9	2	1
Smallpox	—	—	—	—	—	—	—	—	—	—
Encephalitis	1	—	—	—	1	—	—	—	—	—
Typhoid fever	5	—	1	1	—	—	—	—	2	1
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—
Erysipelas	17	—	—	—	—	—	—	2	11	4
Meningococcal										
infection	10	3	1	3	2	—	—	1	—	—
Food poisoning	45	3	3	1	4	3	8	8	13	2
Puerperal pyrexia	58	—	—	—	—	—	17	40	1	—
Ophthalmia										
neonatorum	5	5	—	—	—	—	—	—	—	—
Malaria	3	—	—	—	—	—	—	2	1	—
Tuberculosis :										
respiratory	236	—	6	6	16	17	56	77	50	8
non-respiratory	24	1	2	2	4	1	8	4	2	—
Total	3107	162	604	743	1091	81	112	167	110	37

Table B.—Ward Distribution of Notifications, 1952.

	Beacon	Bents	Brinkburn	Cleaddon Park	Deans	Hadrian	Harton	Horsley Hill	Marsden	Rekendyke	Simonside	Tyne Dock	Victoria	Westoe	West Park	Non-Residents	Total
Scarlet fever	9	8	10	27	15	11	7	35	64	19	25	18	29	25	16	..	318
Whooping cough	41	44	49	33	21	32	41	34	49	53	40	33	39	31	21	..	561
Acute poliomyelitis	..	..	..	1	1	..	..	..	1	..	..	1	1	1	..	..	6
Measles	98	84	108	64	106	91	113	89	192	170	131	161	135	57	77	..	1676
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia :																	
influenzal	..	..	..	..	..	1	..	..	1	..	..	..	3	..	2	..	7
primary	10	8	1	7	6	13	..	4	11	6	7	8	7	7	3	1	99
Dysentery	..	..	1	2	..	..	..	7	4	1	11	..	6	..	3	1	36
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis	..	..	..	..	..	3	..	..	1	..	..	..	..	..	..	..	1
Typhoid fever	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	5
Paratyphoid fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	3	1	1	..	..	..	1	1	1	3	2	3	1	..	..	..	17
Meningococcal infection	..	..	1	..	2	..	..	..	2	2	..	..	3	..	..	..	10
Food poisoning	..	2	3	1	4	..	3	1	5	2	5	5	13	1	..	..	45
Puerperal pyrexia	2	5	1	7	3	..	3	2	3	4	3	7	2	3	7	6	58
Ophthalmia neonatorum	..	..	..	..	..	..	..	..	1	..	..	2	2	..	..	..	5
Malaria	..	1	..	..	..	1	..	..	..	1	..	..	..	..	..	..	3
Tuberculosis :																	
respiratory	14	11	14	17	13	19	8	15	18	34	17	19	15	14	8	..	236
non-respiratory	1	2	1	2	..	2	..	3	4	3	1	4	..	..	1	..	24

Table C.—Seasonal Incidence of Notifications, 1952.

Disease.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet fever	34	43	34	32	23	20	9	13	19	30	43	18	318
Whooping cough	31	55	71	62	77	73	96	34	18	16	20	8	561
Acute poliomyelitis	...	1	...	...	...	1	1	1	1	1	...	...	6
Measles	57	187	350	266	222	116	82	64	45	38	86	163	1676
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia :													
influenzal	2	...	2	...	...	...	...	1	...	2	...	...	7
primary	13	13	15	11	6	4	2	3	...	4	5	23	99
Dysentery	7	...	...	5	9	...	5	...	2	2	6	...	36
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute encephalitis	...	...	...	...	...	...	...	...	...	...	1	...	1
Typhoid fever	1	...	...	...	...	1	...	1	1	...	1	...	5
Paratyphoid fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	1	2	1	1	1	2	...	...	3	3	...	17
Meningococcal infection	...	1	...	3	...	4	1	...	1	...	...	...	10
Food poisoning	...	...	1	...	...	...	6	12	20	4	2	...	45
Puerperal pyrexia	4	3	4	4	2	13	8	5	5	2	5	3	58
Ophthalmia neonatorum	...	1	1	...	1	1	...	1	...	...	...	...	5
Malaria	2	...	...	...	...	1	...	...	...	...	...	...	3
Tuberculosis :													
respiratory	7	24	21	10	28	18	15	16	25	19	29	24	236
non-respiratory	3	1	4	4	3	2	1	...	2	...	...	4	24
	161	330	505	398	372	255	228	151	139	121	201	246	3107

Table E.—Comparative Case rates per 1,000 of population of certain Infectious Diseases in 1952.

Disease	South Shields	England and Wales	160 County Boroughs and Great Towns	160 Smaller Towns (25/50,000)	London Admin. County
Scarlet fever	2.96	1.53	1.75	1.58	1.56
Whooping cough	5.24	2.61	2.74	2.57	1.66
Acute poliomyelitis : Paralytic	0.06	0.06	0.06	0.06	0.06
Non-paralytic	...	0.03	0.03	0.02	0.03
Measles	15.65	8.86	10.11	8.49	9.23
Diphtheria	...	0.01	0.01	0.03	0.01
Pneumonia	0.99	0.72	0.80	0.62	0.57
Smallpox	...	0.00	0.00	0.00	...
Erysipelas	0.16	0.14	0.15	0.12	0.14
Meningococcal infection	0.09	0.03	0.03	0.03	0.02
Food poisoning	0.42	0.13	0.16	0.11	0.18
Typhoid fever	0.05	0.00	0.00	0.00	0.00
Paratyphoid fever	...	0.02	0.02	0.03	0.01
*Puerperal Pyrexia	28.90	17.87	23.94	10.22	30.77

*Rates per 1,000 total births.

Hospital Treatment

During 1952, 227 cases of infectious diseases belonging to South Shields were treated in hospitals as under :—

	<i>Deans Hosp.</i>	<i>General Hosp.</i>	<i>Ingham Infirmary</i>	<i>Walker Gate I.D. Hosp.</i>	<i>Sheriff Hill I.D. Hosp.</i>	<i>Total</i>
Scarlet Fever	130	—	—	—	—	130
Typhoid Fever	1	2	1	—	—	4
Diphtheria	—	—	—	—	—	—
Acute poliomyelitis	3	1	—	—	—	4
Dysentery	6	2	—	—	—	8
Food poisoning	1	7	—	—	—	8
Meningococcal infection	2	1	4	1	1	9
Pneumonia	—	18	4	—	—	22
Measles	18	—	—	—	—	18
Erysipelas	1	—	—	—	—	1
Malaria	1	—	—	—	—	1
Gastro enteritis	2	—	—	—	—	2
Acute encephalitis	—	—	1	—	—	1
Whooping Cough	15	—	—	—	—	15
Chickenpox	3	—	—	—	—	3
Mumps	1	—	—	—	—	1
	—	—	—	—	—	—
Total	184	31	10	1	1	227
	==	==	==	==	==	==

In addition, 17 patients were admitted to the Deans Hospital, suspected to be suffering from infectious diseases which were not confirmed on subsequent diagnosis.

Infectious Disease Contacts

5 persons who entered the country by sea had been in contact with smallpox ; while 4 persons had been in contact in another part of the country with diphtheria and 2 with enteric fever.

All these contacts were kept under supervision for the necessary period but none contracted any of the diseases.

Food Poisoning

The following is a summary of the cases which occurred during the year.

(1) 1st Quarter—1. 2nd Quarter—Nil. 3rd Quarter—38.
4th Quarter—6. Total—45.

(2) Outbreaks due to Identified Agents :—

Total : 9 Total Cases : 27 Fatal Cases : Nil.
(*Salmonella* organisms).

- (3) Outbreaks of Undiscovered Cause :
 Total : 1. Total Cases : 2 Fatal Cases : Nil.

- (4) Single Cases :

Agents identified :

(a) Salmonella organisms	12
(b) Staphylococcus aureus	1
Unknown cause	3
Total Single cases	16
Fatal cases	Nil.

A special report is given on the only outbreak of importance, as follows :

REPORT ON FOOD POISONING OUTBREAK

Memo 188/Med. Appendix D (ii)

- Food causing outbreak* : Pease pudding.
Agent causing outbreak : Salmonella typhi-murium.
- Cases forming outbreak* which occurred from 28.8.1952 to 3.9.1952
 TOTAL notified 14. TOTAL ascertained 14. FATAL Nil.
- Clinical features.* Average interval ingestion to onset (hours)—
 Varied from 5 hours to 24 hours.
 Main symptoms, etc., Diarrhoea, vomiting, collapse.
 Severity of illness : Severe—5 patients admitted to hospital.
 Duration of illness : Average 4 days.
- Results of laboratory investigations.* (Summary).
 Cases : Faeces of all showed salmonella typhi-murium.
 Food handlers : One : owner of shop in which pease pudding was prepared. His stool was positive salmonella typhi-murium.
 Food samples : Pease pudding sample from first family to be affected was positive salmonella typhi-murium.
 Other : All other food handlers, food utensils, etc., were negative.

5. *Origin and preparation of food causing illness.*

Prepared and cooked on premises of pork butcher who was found to have positive stool.

6. *Places at which food causing illness was consumed.*

Five different households. All 14 people who ate pease pudding showed symptoms.

Estimated number of consumers at risk : During the period 28/8/52 to 3/9/52 pease pudding from this source was sold to numerous customers.

7. *Probable origin of infection or contamination of food.*

The source of infection was undetermined, but the pork butcher who handled the food was found to have a positive stool and no symptoms ; he may have been a carrier also infected by the pease pudding, some of which he had eaten.

Contributory factors : The possibility cannot be excluded that the uncooked peas or the prepared pudding may have been contaminated by rodents.

Laboratory Examinations

The following is a classified list of pathological examinations, etc., carried out at various laboratories for the Public Health Department.

	<i>At the Public Health Dept.</i>	<i>Public Health Laboratory, Newcastle</i>	<i>General Hospital, South Shields</i>
Throat Swabs	31	—	16
Urine	—	—	21
Faeces	—	680	1
Miscellaneous	—	12	—
Total	31	692	38

Whooping Cough

The disease was very prevalent during the first half of the year. 561 cases were notified and in addition 181 cases were reported by Head Teachers. One death occurred, the first for six years in a child not immunised. Immunisation with a combined vaccine for diphtheria and whooping cough was commenced in December, 1951. The following table shows the number of cases in age groups and cases occurring in 1952 who had previously received a complete course of immunising vaccine, together with the total immunisations carried out.

<i>Age</i>	<i>Cases of Whooping Cough</i>	<i>Cases previously immunised</i>	<i>Deaths</i>	<i>Total immunisa- tions</i>
Under 1	53	—	1	497
1—2	174	—	—	517
3—4	162	15	—	45
5—9	343	28	—	21
10—14	8	—	—	3
15+	2	—	—	—
Total ...	742	43	1	1083

SPECIAL SURVEY OF LOCAL HEALTH SERVICES, SOUTH SHIELDS

A Report on the Health Services provided by the Local Health Authority as at December, 1952, under the National Health Service Acts, rendered by the Medical Officer of Health in accordance with Ministry of Health Circular 29/52 (19th August, 1952).

GENERAL.

1. *Administration.*

The Local Health Authority is the South Shields County Borough Council and the local health service functions are dealt with by the Health Services Committee consisting of 23 council members and six co-opted members including the Matron of the South Shields District Nursing Association, three general practitioners and a representative of the local Hospital Management Committee. A Maternity and Child Welfare Sub-Committee and a Mental Health Services Sub-Committee deal respectively with matters concerning these services and submit their decisions to the Health Services Committee.

The services are administered from the Public Health Department main office where full co-ordination is maintained by and through the Medical Officer of Health and his administrative staff. Each service is under the direct control of the Medical Officer of Health who interviews the officers concerned in connection with the various problems which arise from time to time. As many of the services are centred at the Authority's main clinic which is adjacent to the administrative office and as the area of the town is fairly compact, personal contact between the officers themselves or with the Medical Officer of Health is facilitated.

2. *Co-ordination and co-operation with other parts of the National Health Service.*

(a) General arrangements.

A Liaison Committee for all the health services in the area was formed in 1950. This Committee comprises representatives of the Town Council, local Executive Council and the local Hospital Management Committee and has been convened on several occasions.

The Medical Officer of Health is a member of the Local Medical Committee of the Executive Council and in addition attends meetings of a Newcastle upon Tyne Region Liaison Committee consisting of medical officers of the local health authorities in the region and hospital board officers,

In addition there is frequent direct consultation between the officers of the Hospital Management Committee and Executive Council and the Medical Officer of Health.

(b) Co-operation in care of patients under treatment :—

(i) At hospitals.

The group almoner of the local hospitals maintains a close liaison with the Public Health Department so that any special needs of the patient may be met on discharge. In some cases for example a home help may be necessary or in others, in certain circumstances, a recuperative holiday is arranged. Frequently, sick room requisites are provided at the request of the hospitals.

Where the services of a home nurse are required, the request is usually passed directly from the hospital to the headquarters of the *Local Nursing Association* (see para. 8). There is scope for increased use of the home nursing service by the hospitals.

(ii) By general practitioners.

Under the present circumstances it is difficult for the clinic Medical Officers to maintain a close contact with the general practitioners.

At Child Welfare Clinics, medical treatment is of course kept strictly to a minimum and in the case of children requiring treatment as for example a child with a significant pyrexia, their mothers are advised to call in their family practitioners. Normally the prior consent of the family doctor is obtained, in cases referred to consultants by the clinic doctor. In special cases and where necessary, the clinic doctors communicate with the family doctor by letter or telephone. On the whole, the child welfare clinics enjoy a fairly good prestige with the local general practitioners.

At the Authority's Ante-Natal Clinics, steps are taken to avoid unnecessary duplication of the general practitioner's ante-natal care of his own patients as far as possible, but many difficulties are encountered. In general, ante-natal patients are only referred to the local consultant obstetrician or maternity hospital by the consent of the general practitioner if one is booked.

General practitioners occasionally approach the department in the case of elderly persons requiring admission to hospital. Where the social conditions are very unfavourable, this information is passed to the hospital in an attempt to secure priority if possible and to re-inforce the application of the family doctor for the patient's admission.

Co-operation in the care of patients necessitates regular personal contact between the doctors, health visitors and nurses of all the local services but at present such contact is not by any means regular except that between general practitioners and midwives in attendance at domiciliary confinements. Co-operation between the local general practitioners and the home nursing service is traditional but whilst the work of health visitors is complementary to that of the general practitioner, unfortunately there is no opportunity for direct consultation between them in this area. A successful health centre scheme would no doubt improve matters in this direction. In the field of child health, specialist out-patient sessions provided by a paediatrician and held in the authority's clinic, would also help to provide a useful link between the clinic medical officers and health visitors on the one hand and the hospital and general practitioners on the other.

(c) Information.

General practitioners and others in the area were provided in 1948 with a circular describing briefly all the health services including the authority's services which were about to come into operation.

From time to time, further information of the health services available in the area has been published in various guide books issued in connection with the town (e.g. industrial hand book, holiday guide book, etc.) and also in a Council house tenants' handbook. The latest occasion was the publication of a small handbook in 1952 by the local Council of Social Services for issue to all Social Service Organisations and others, including general practitioners.

3. *Joint use of Staff.*

No general practitioners carry out part time work for the authority and up to the present, there have been no arrangements for the authority's medical or other officers to work part time in the hospital and specialist services.

The Chest Physician for the area, for whose services the authority contributes two elevenths of his salary, directs the work entailed by the authority's responsibility under Section 28 of the National Health Service Act, 1946 for the prevention of tuberculosis and the care and after care of tuberculous patients.

An Ear, Nose and Throat Consultant employed by the Regional Hospital Board holds a weekly out-patient session in the authority's clinic to which children are referred by the clinic Medical Officers and general practitioners. Most of the children are of school age but pre-school children also attend this clinic.

The Medical Superintendent of the Prudhoe and Monkton Hospital holds a special session once a month in the Municipal Clinic to which patients with mental defects are referred.

4. *Voluntary Organisations.*

Certain voluntary organisations have played an important part in the setting-up of some of the authority's services in the area but on the whole the use made of them has not been extended since the appointed day. Thus the South Shields District Nursing Association carries out the home nursing service on an agency basis and a scheme for the care of illegitimate children and unmarried mothers is administered by a joint committee of the Council and the Jarrow Deanery Moral Welfare Association to whose funds the authority pays an annual contribution. In addition the Nursing Division of the local St. John Ambulance Brigade maintains a loan cupboard for the supply of sick room requisites to patients. The headquarters of the Division are next door to those of the District Nursing Association and considerable use has been made of the facilities offered by the former.

PARTICULAR SERVICES.

5. *Care of expectant and nursing mothers and children under school age.*

Expectant and nursing mothers.

Ante-natal clinics, which have a good average attendance are provided each week at two centres in the town, four sessions at the Municipal (central) Clinic and two sessions at one of the district centres. Four of the sessions are held in the afternoons and two in the early part of the evening. In addition to three or four district midwives a lady medical officer and health visitor are in attendance at all these sessions and at the evening clinics which have the largest attendances two doctors are present. A special post-natal clinic is also held once a week at the Municipal Clinic, although post-natal examinations are also carried out occasionally at the Ante-Natal Clinics.

No specialist clinics are provided by the Authority or held in the authority's own premises.

Only a few practitioners hold ante-natal sessions at their own premises and no assistance has been given at such clinics.

An additional centre for ante-natal and child welfare clinics is being opened in the near future.

Blood testing arrangements : Normally each patient on her first attendance at the ante-natal clinic has a blood specimen taken. This is divided into two, the one part being sent to the National Blood Transfusion Regional Centre in Newcastle upon Tyne for Rh blood grouping and the other to a Public Health Laboratory in Newcastle for W.R. testing. The results are received promptly and recorded and in the case of the Rh and blood group, each patient is supplied with the result on a card, which she is instructed to retain with care. Patients with Rh negative results are carefully followed up and further specimens including cord blood from the infant are submitted. To avoid duplication patients are asked if they have already been blood tested by their own doctors, but in most cases, general practitioners appear to leave this responsibility to the Clinics. In addition, Rh negative results are passed on to the doctors whom the patients concerned may have booked, and a weekly list of the results of all specimens is forwarded to the Medical Superintendent of the local General Hospital.

Unmarried Mothers : Under the Authority's joint scheme, already referred to in paragraph 4, a full time welfare officer, employed by the Jarrow Deanery Moral Welfare Association and with an office in South Shields carries out the arrangements for the care of unmarried mothers in South Shields and the neighbouring areas. Cases are mainly referred by general practitioners, clergymen, health visitors or directly. In 1952, 48 unmarried mothers sought help and advice and 16 were admitted to hostels outside the area. Financial help towards the cost of maintenance at hostels is given by the authority.

Mothercraft Training : This is not given in groups but individually to each patient as occasion offers by the clinic doctors and health visitors.

Maternity Outfits : A pack, made up in accordance with the recommendations of Ministry of Health Circular 99/50 is provided free to all patients confined at home. A stock is maintained at the Health Department office and issue is made on the production of the written authority of the district midwife.

Child Welfare.

Clinic sessions are held at the Municipal Clinic and at four other district centres. An additional centre for ante-natal and child welfare clinics is being opened in the near future. A total of twelve sessions is now provided each week, this including two special sessions for toddlers and a doctor and health visitors are in attendance at all sessions. Most clinics are held in the afternoons when attendances are higher and the average attendance per session is about 50.

There are adequate artificial sunlight facilities at the Municipal Clinic and four sessions for children are held weekly with an average attendance of sixteen per session. Cases are referred for this treatment by the authority's medical staff.

A specialist ear, nose and throat clinic is held once weekly at the Municipal Clinic ; a few pre-school children are referred for consultation by the clinic medical staff and by general practitioners.

Care of Premature Infants.

One domiciliary midwife is allocated permanently to this work and two other midwives on the staff have attended a special course of training. Three full sets of equipment are stored at the authority's Part II Training School ; a set of equipment consists of a cot with covers, three hot water bottles, steriliser, thermometers and portable electric fire, special feeding equipment, and dried milk pack. When a premature birth is notified, the premature baby nurse is informed and at the same time the equipment is taken by ambulance from the training school to the address given. On average this nurse has two babies under her care simultaneously and maintains her care of the infant normally until the weight is over $5\frac{1}{2}$ lbs. These arrangements have been found to work satisfactorily. Of 38 premature infants born and nursed entirely at home in 1952, 36 survived 28 days.

There is no difficulty in obtaining the transfer of premature infants born at home to the local Maternity Hospital where special facilities are available. Generally admission is sought in all cases where home conditions are unsuitable or the birth weight is under 3 lbs. and as the journey by ambulance from any part of the town to the hospital usually takes no more than seven minutes, the transfer can be effected quickly and easily. The premature baby nurse normally travels with the infant to hospital.

Supply of Dried Milks, etc.

Full facilities have always been given to the Ministry of Food for the distribution of welfare foods and no difficulties have been experienced. Members of the local food office staff attend at all child welfare clinics each week and issues of National Dried Milk, Cod Liver Oil, etc., are made at five different clinic premises in the town which is thus adequately covered. As the distribution is carried out from the waiting rooms, anyone can obtain their requirements without delay and without being interviewed by clinic staff. In all the districts the arrangements for distribution are well known to the mothers. Unfortunately the uptake of Ministry of Food welfare foods remains at 33.7% in spite of constant encouragement by the authority's staff.

Stocks of other dried milks and nutrients are available at each of the clinic sessions and these are issued on the recommendation of the clinic doctor ; the appropriate charge which is made in each case, being waived in cases of hardship. In the case of dried milks, one ordinary proprietary brand is stocked, but there is no difficulty in obtaining additional special types if necessary. Three different brands of nutrients are available. In general it is the policy to restrict the stocks of milks and foods to a reasonable number of different brands, considered sufficient to meet demands.

Dental Care.

One weekly session is held in the Municipal Clinic by a part-time dentist for the treatment of young children who are referred from the child welfare clinics. Expectant mothers are referred for examination from the ante-natal clinics and unfortunately the treatment necessary in these cases often consists of partial and complete clearances. The treatment of the mothers is carried out by the same dentist at the local General Hospital, to which he is also part-time dental officer. This arrangement is found convenient since complete facilities are not at present available at the authority's dental clinic.

A special arrangement was made during 1952 for the provision of dentures for expectant and nursing mothers treated under the authority's scheme.

Whilst this provision of dental care may seem to be inadequate the present demand is apparently being catered for ; at the same time it is expected that the facilities will be extended in the future following a recent decision of the Council to appoint a Chief Dental Officer.

Other provision.

Two day nurseries are maintained by the authority, each having places for forty children and having an average of 35 children on each register. The average daily attendance for both nurseries in 1952 was estimated at 66% of the combined numbers on the registers.

Mothers requiring advice on birth control are referred by the clinic doctors on medical grounds to a Family Planning Association Clinic held in Sunderland. The authority is responsible for the cost of the initial consultation and necessary equipment.

Mothers and babies requiring recuperative holidays are sent to convalescent homes outside the area on the recommendation of the clinic medical officers.

6. *Domiciliary Midwifery.*

A complete service is provided by an established staff of twenty full-time domiciliary midwives directly employed by the authority and the area is adequately covered by the residences of the individual midwives being suitably located in the different districts as far as possible. They are grouped in teams of three or four so as to provide off duty relief for one another. The average case load for each midwife for 1952 was 68 home confinements. There are no midwives in private practice in the area.

A whole time non-medical supervisor (S.R.N., S.C.M.) who is employed by the authority works under the direction of the Medical Officer of Health. There are no voluntary organisations or other bodies undertaking domiciliary midwifery services in the borough and the only other practising midwives are those employed in the local Maternity Hospital. Whilst the authority exercises general supervision over the hospital midwives, normally the extent of this supervision is limited to notification of intention to practise.

All the authority's midwives are qualified to administer gas and air analgesia and 18 sets of the Minnitt apparatus are provided. These are stored at the authority's Ambulance depot and whenever a set is required, it is conveyed by an ambulance vehicle to the address given. Gas and air analgesia was administered by the midwives in 73% of their cases in 1952. The drug pethidine, which was administered in some 40% of home confinements has proved to be a useful adjunct to gas and air analgesia, although, on the whole the midwives themselves prefer a more simple sedative e.g. bromide and chloral mixture.

Ante-natal supervision is carried out by the midwives entirely at clinic premises at arranged sessions (see para. 5) and no sessions are held at the midwives residences. This arrangement is of benefit to both patient and midwife.

On the whole, there is very satisfactory co-operation between the midwives and the general practitioners, most of whom are highly appreciative of the services of the former.

Applications from women whose confinement in hospital is recommended on social grounds are referred to an ad hoc sub-committee of the local hospital management committee. The cases are admitted to a 16 bed maternity hospital in a neighbouring area but within the local hospital group and roughly two-thirds of the admissions come from the authority's area. Social reports which are compiled for each of the applicants by health visitors are considered by the sub-committee who decide priority.

Advantage is taken of the annual facilities for post-certificate courses offered by the Royal College of Midwives. On average two midwives attend residential courses every year and the non-medical supervisor has attended two refresher courses during the past six years.

The authority maintains an approved residential Part II training school for midwives, which has accommodation for fourteen pupils. The school is managed by a resident matron who is a qualified midwifery tutor. The course of training lasts for six months and apart from the theoretical instruction, the pupils carry out district work during the entire period ; they come under the direct supervision at individual confinements, of approved midwife teachers of whom there are nine on the authority's domiciliary staff. None of the training is carried out in hospital.

The number of pupils coming forward for training under the authority's scheme has shown a diminishing trend in recent years and the present small number under training has given rise to some concern.

7. *Health Visiting.*

The authority employs a staff of 14 full time health visitors and one superintendent health visitor who also acts as superintendent of school nurses and home help organiser. The area of the borough is divided with due regard to density of population into 14 separate districts, each of which is covered by a health visitor. The districts are compact and reasonably well served by public transport. The health visitors normally spend nine elevenths of their total weekly sessions on the district and the remainder in clinics. The latter proportion allows them an opportunity of discussing any problems with the clinic doctor and at the same time breaks the tedium of continuous visiting.

Each health visitor carries out her full range of duties, there being no 'specialists.' The aim is therefore to achieve a service of all purpose medico-social advisers to each family as a unit. There is in force, a system of routine visiting of expectant and nursing mothers and young children, but in actual fact whilst so engaged, the health visitor may be asked for and does give advice on any family problem, such as the care of the aged, marriage guidance and physical or mental illness of any member of the family. Apart from this, routine and special visits are also made in connection with infectious diseases, tuberculosis prevention and the care and after care of tuberculous patients. Homes are specially visited in adoption cases and for the home help service, in certain circumstances. The health visitors also investigate the home conditions

of expectant mothers applying for admission to hospital on social grounds. Considerable attention is devoted to those families where there is evidence of child neglect and reports are regularly submitted to a monthly case conference of all officers concerned with such families (Ministry of Health Circular 78/50). The health visitors' duties under the school health service covers a wide field and include visits to the homes of handicapped school children, and follow up visits to tonsil and adenoid cases after discharge from hospital and dental anaesthetic cases treated at the clinic. Although there is no routine visiting of aged persons, special visits in this connection are made on cases being referred from such courses as hospital almoner, general practitioner, W.V.S. and the Corporation Welfare Department.

One health visitor does not possess the special health visitor's qualification and a dispensation is periodically granted by the Ministry of Health to allow her to continue in her appointment. A scheme for the training of student health visitors is provided whereby the cost of the student's course of training and her maintenance is met by the authority. Vacancies for courses of training for the Health Visitor's Certificate are normally obtained at recognised teaching centres elsewhere, but some of the practical training is undertaken locally. Health visitors on the staff are sent to residential refresher courses at least every five years: the courses are those organised by the Royal College of Nursing and the Women Public Health Officers' Association.

8. *Home Nursing.*

The South Shields and District Nursing Association provides a home nursing service on an agency basis for the authority, the work of the association being confined to the area of the borough. Eight members of the Health Services Committee sit on the Executive Committee of the Association. The staff establishment is one matron and eleven full-time nurses. Owing to present difficulties in obtaining nurses, the staff consists of nine full-time and four part-time nurses and only three of the staff are "Queen's" trained. The headquarters of the service are located in Westoe Village which is the geographical centre of the town and the Matron and four nurses are resident. The area being fairly compact the nurses use either bicycles or public transport for their work.

The service is well known and appreciated by the local general practitioners who refer the great majority of cases and co-operation is excellent. In some cases, doctors request the nurse to be present at the time of their calls and in other cases the doctors' instructions

are given in writing. Arrangements for the supply of drugs and dressings are satisfactory ; generally for this purpose nurses leave written requests for the practitioners at the patients' homes.

There are two general hospitals in the area and one hospital has always operated a system whereby patients on discharge are referred directly to the service, a special card being used which details the nursing instructions. The other hospital normally refers patients on discharge to their family doctors.

Of a total of 1574 patients attended in 1952, approximately 37% were over the age of 65 and 7% under five. Classified according to the type of condition, 5% were suffering from pneumonia, 4% from malignant neoplasms, 4% from cerebral vascular lesions and 2% from tuberculous conditions. 25% of patients required dressings (i.e. surgical cases). The remaining number of patients attended, comprised a large group suffering from a variety of ailments both chronic and acute.

Owing to difficulty in obtaining staff no night service is provided. Actual night calls on the service are rarely made.

There are no arrangements for district nurse training locally ; trained members of the existing staff can attend refresher courses on a basis of once in three years.

9. *Vaccination and Immunisation.*

The permanent basis of the authority's effort towards securing the vaccination and immunisation of the child population is the personal approach to each individual parent by the health visitor during her domiciliary visits. In an attempt to secure immunisation before the age of twelve months, the health visitors are instructed to advise the procedures at the age of six months and the 'consent' leaflet is worded accordingly. Other features in this constant campaign include personal interviews at the clinics by health visitor and clinic doctor, the use of first birthday cards, leaflets, posters, press advertisements and frequent referral to the importance of these matters in health reports. The immunisation propaganda is intensified each year during the period of the national publicity campaign. Coupled with these efforts facilities are offered at as many clinic sessions as possible to suit the convenience of mothers who, if they so wish, can have their children immunised or vaccinated at the clinics by appointment. Parents are always reminded of the same facilities being made available by family practitioners.

The first boosting injection of diphtheria prophylactic is recommended by the staff to be given during the year prior to school

entry and there is some response on the part of the parents. The great majority of these inoculations however are given after the child's first routine medical inspection at school when parents of unprotected children are issued with the explanatory consent leaflet. Special sessions are held in the clinic periodically at which the new entrants as well as several intermediate children are given boosting injections. In this way an effective percentage of immunised children of school age is maintained.

A combined diphtheria-pertussis prophylactic is now extensively used for primary inoculation in the authority's clinics but it is explained in the 'consent' leaflet that although the whooping cough protection is available it is not finally proved that it is as efficient as the diphtheria prophylactic. A separate pertussis vaccine is available for children already inoculated against diphtheria. As whooping cough inoculation is recommended to be given before the age of six months and diphtheria at a later age, the verbal and printed advice now given to mothers by the authority's staff is that the inoculations against whooping cough and diphtheria should be commenced at the age of six months or earlier. The majority of parents request the combined protection, and it is felt that this is probably the most suitable age to recommend. In spite of this however there is still a tendency to delay until the child is approaching the age of twelve months. Owing to the present uncertainty regarding the duration of protection afforded by pertussis vaccines, no special arrangements are in force for giving boosting injections of this prophylactic.

10. *Ambulance Service.*

The work of the service.

The total distance annually covered by the service has shown an increasing trend in recent years: thus in 1950, the total mileage was 114,757; in 1951, 125,981; and in 1952, 135,818. On analysing the figures it is found that the mileage figures for sitting case cars is tending to diminish whilst that for ambulances to increase considerably and most of the latter increase, it is noticed, is shown by the figures for mileage outside the town. This is probably explained by the growing demand for ambulance transport for a large volume of out-patients, patients for admission and transferred in-patients to the larger hospitals in Newcastle upon Tyne and elsewhere.

The total number of patients conveyed in the year was 29,836 and the total number of journeys amounted to 14,101. 1,070 of the journeys were for accidents and emergencies (an increase of 158 over the previous year), 309 were for infectious diseases and 2,235

were for midwifery cases. Increasing use has been made of railway transport when long journeys are requested, thus saving manpower and petrol.

In addition to the normal work of the service, driving instruction was given by the authority's ambulance staff to Civil Defence Volunteers, using mainly the older vehicles and some small scale Civil Defence exercises were arranged. All the members of the staff have been given Basic Civil Defence training.

Arrangements for economical use.

A scheme was introduced during the year whereby out-patients undergoing treatment at one of the local hospitals are issued with special cards from the hospital office. The card is intended to serve as the hospital authorization for the use of an ambulance in a given case, due consideration being given to the patient's ability to use public transport. Unfortunately this system has not greatly helped to promote more economical use of the service.

The majority of calls arising from general practitioners are of a routine nature but any non-urgent requests for transport either from hospital or general practitioner which cannot readily be agreed are referred for decision to the Medical Officer of Health by the Ambulance Superintendent. Each practitioner was issued with a notice soon after the commencement of the service, describing how an ambulance could be called and at the same time emphasising the importance of avoiding extravagant use.

The need for economy and avoidance of abuse have been discussed by the Medical Staffs Sub-Committee at one of the local hospitals.

Problems and difficulties.

Whilst actual abuses have been reduced to a minimum, much is still to be achieved in the economical use of the service. The impression persists that many out-patients are conveyed who could use public transport. In addition much time is lost by ambulances having to wait at the hospitals for patients being discharged or returning from out-patients departments. Frequently journeys are duplicated in the space of a forenoon or afternoon owing to lack of co-ordination at the hospital. Only one of the two general hospitals in the town, which are of medium size, has an ambulance liaison officer, who having other duties, serves only in a part time capacity. For this reason, he is not always available to co-operate with the ambulance staff or to co-ordinate the hospital arrangements, and difficulties are still being encountered.

Although a considerable proportion of the total annual mileage is devoted to journeys to Newcastle upon Tyne, the return journeys are frequently empty. The position is such that South Shields patients are often conveyed home from Newcastle hospitals by another ambulance authority when with greater co-ordination our own ambulances might have been used instead of making empty return journeys. It is however hoped that some understanding will be ultimately reached in order that this wasted mileage can be avoided.

New equipment.

The radio-telephone control which was installed in 1951 had its first full year of service. It has undoubtedly resulted in greater efficiency and has contributed considerably towards the economical running of the service.

Two new vehicles were commissioned during 1952, one a traditional ambulance, the other a sitting case ambulance specially designed for the conveyance of hospital out-patients. The latter is the first of its type to be used locally and has proved to be a useful addition to the fleet.

11. *Prevention Care and After Care.*

1. *Tuberculosis.*

One of the most important features of this service, is the routine quarterly visiting of all patients on the notification register by the health visiting staff, who compile the complete social records in each case.

Special facilities include the provision of free milk in cases so recommended by the Chest Physician, the issue of nursing requisites, sputum flasks, disinfectants, etc., and the provision of beds and bedding on loan. In addition, a scheme for the priority re-housing of tuberculous families has been in existence for many years: the houses are allocated independently of the Council's general housing scheme and over 65 houses have been so allocated. As a further concession, the general housing scheme allows six extra points to applicants suffering from respiratory tuberculosis supported by a certificate from the Chest Physician.

Special preventive work undertaken by the Chest Physician during 1952 included the B.C.G. vaccination of 113 selected contacts and the examination of 667 new contacts. The provision of special accommodation for contact children undergoing B.C.G. vaccination was considered by the authority but as there is still uncertainty as to the need, the matter has been deferred. Where a child has had to be boarded out, he has usually been placed with relatives.

After care and resettlement ; a close liaison exists between the Chest Physician and the local Disablement Resettlement Officer of the Ministry of Labour in order that tuberculous patients and convalescents may be placed in suitable employment, but the lack of a " Special " Remploy factory coupled with the general scarcity of light industry in the area constitutes a problem which is difficult to overcome. Several patients have been sent to Papworth Colony, having been thus selected by the Chest Physician and depending on the stage of their medical treatment, the cost of their maintenance is met by the authority.

As the Chest Clinic is situated in the authority's Central Clinic and adjacent to the Health Office, the general co-ordination of all the tuberculosis services is facilitated. None of the health visitors actually work in the chest clinic although copies of their social reports are filed in that clinic and additional social reports are given verbally or in writing to the Chest Physician when required. Information about social conditions is therefore readily available either to the Medical Officer of Health or Chest Physician. Whilst the notification register is retained in the Health Office, information in respect of deaths, transfers, change of address, etc., is entered in a special register which is passed to the Chest Clinic each week. Contact tracing is under the direction of the Chest Physician who can request health visitors to round up those contacts who fail to attend.

2. *Illness generally.*

Whilst it has not been possible to lay down any hard and fast scheme, every request for care and after care services, is considered individually and if reasonable, is complied with. It is difficult to define the limits of this service and considerable development is possible, especially on the preventive side.

There has been a steady demand for the following facilities :—

(a) *Sick Room Requisites.*

In addition to the loan cupboard of sick room requisites maintained by the local Nursing Division of the St. John Ambulance Brigade (see para. 4), the authority owing to increasing demand have now found it necessary to maintain a similar store at the central clinic. All requests for articles are usually referred through hospital, general practitioner or the authority's staff.

(b) *Recuperative Holidays.*

The cost of convalescent holidays for patients discharged from hospital or after illness at home is met by the authority. Such patients have been referred by the local group hospital almoner or

general practitioner and the accommodation is normally arranged in voluntary convalescent homes by the almoner.

12. *Domestic Help.*

Considerable difficulty was experienced in establishing this service and during 1948 only 81 cases were supplied with home helps. The work has increased steadily and in 1952, the seven full-time and five part-time home helps employed gave domestic assistance in 221 households, involving a total of 14,814 hours of work. 72% of the latter total was devoted to help given in the case of aged persons, who were sick or infirm.

Requests for the service are referred through various agencies, particularly general practitioners, hospital, public health staff and from householders directly. In most cases a preliminary visit is paid to the applicant's home in order that a statement of the economic circumstances may be prepared and the necessary arrangements put in hand. The visit also serves to ensure that the application is genuine and that the house is suitable, but only in a few cases, such as extreme domestic neglect and squalor have applications been rejected.

Owing to the comparatively small number of women employed in this service, a home help organiser has not been appointed and the work is administered by the Superintendent Health Visitor.

The moderate demand for the service in the area has always been somewhat puzzling ; it is thought to be accounted for, partly by the marked neighbourliness which characterises the people in the area and their reluctance to admit strangers to the home. Other factors may be the control and regulation exercised and the recommended scale of charges in use. If however the scale of charges were a deterrent to the application for a home help in genuine cases, one would have expected complaints and other evidence to be forthcoming and this has not been so.

13. *Health Education.*

Health visitors maintain a continuous effort in the dissemination of health advice to mothers in their homes and in the clinics ; this advice is supported by the discriminate use of leaflets published by the Central Council for Health Education. No special action has been taken with regard to home accident prevention, although this subject is covered generally in the health visitors' domiciliary interviews.

Advantage has been taken of the Central Council's other facilities from time to time ; health visitors have attended health education courses organised in other centres and a seminar course has been

attended by a medical officer. On a previous occasion, the Central Council provided short courses for the authority's staff in the Municipal Clinic. In addition the exhibition service has been fully utilised, the displays having been set up in the clinics, schools and other public places ; posters on various health topics are constantly exhibited in the clinics.

Public lectures are no longer arranged but talks have been given by members of the medical and nursing staffs to organised groups in the community. Health education activities in connection with food hygiene and dental health have also been organised.

14. *Mental Health.*

1. *Administration.*

(a) The Committee responsible for the service is the Mental Health Services Sub-Committee of the Health Services Committee. It is composed of nine local authority members, two co-opted members and the head teacher of the local special school for educationally sub-normal children in an advisory capacity.

(b) The Medical Officer of Health is the officer responsible for the organisation and control and there is no medical officer employed wholtime in the service. The Medical Officer of Health and two assistant School Medical Officers are recognised certifying officers under the Mental Deficiency Acts. Three Duly Authorised Officers carry out all the day to day work of the service. They are former relieving officers and after appointment each attended a special course of training organised by the National Association for Mental Health at a University centre. No psychiatric social workers or other mental health workers have been appointed by the authority.

(c) The Regional Hospital Board's arrangements in the authority's area include (1) a weekly out-patient psychiatric clinic at the South Shields General Hospital, which is attended by the Medical Superintendent of the Cherry Knowle Hospital, Sunderland, and (2) a monthly consultant clinic for mental deficiency cases at the Municipal Clinic attended by the Medical Superintendent of the Prudhoe and Monkton Hospital. The Duly Authorised Officers maintain a liaison with these clinics and in general co-operate very closely with the officers of all hospitals and clinics concerned.

The main work of supervision of patients in the area who are on licence from the Prudhoe Colony or on trial from a mental hospital is carried out by hospital welfare workers attached to the hospitals concerned and the Duly Authorised Officers assist in this work by visiting in certain cases and supplying reports and information to the hospitals as required.

(d) There is no delegation of duties to voluntary associations.

(e) No training facilities are provided by the authority. In the case of duly authorised officers, advantage is taken of training courses offered by the University of Durham (Department of Psychological Medicine) or the National Association for Mental Health.

2. *Account of work undertaken in the Community.*

(a) The importance of child guidance facilities as a preventive measure is recognised but owing to difficulties in obtaining staff, it has not been possible to embark on a scheme. As an alternative, arrangements have long been in force with the Sunderland authorities for the examination diagnosis and sometimes treatment of maladjusted and subnormal children from South Shields at the Child Guidance Clinic in Sunderland. This arrangement has operated satisfactorily and in 1952 25 South Shields children were referred to this clinic. As there is no psychiatric social worker for the area, the home visiting in connection with these cases is undertaken by the health visitors.

Following the termination in 1951 of the scheme whereby mental health workers of the National Association for Mental Health assisted in the care and after care of mental cases in the area, such cases are now dealt with throughout by the Duly Authorised Officers. The majority of persons suffering from mental illness or defectiveness pass through the hands of these officers who maintain direct contact with the patient in his home and do everything possible to alleviate the distress of both patient and relative. They handle all kinds of problems which in some cases have contributed to the patient's condition and in this respect an advisory service is maintained.

(b) *Lunacy and Mental Treatment Acts, 1890-1930.*

The number of patients dealt with and admitted to hospital by the Duly Authorised Officers under the above Acts in 1952 was 197 ; of these, 32 were voluntary patients and 4 temporary ; 98 were dealt with under Section 20 of the 1890 Act, 47 under Section 21 and 16 under Section 16.

At the end of the year a total of 230 patients (118 males, 112 females) were being treated or cared for in mental hospitals.

This work, which has usually taken up a good deal of the authorised officer's time is probably recognised as their particular speciality and their previous experience as relieving officers has equipped them for these important duties. However it has been found that the statutory and welfare duties of these officers which are so closely merged in many cases, do not necessarily conflict

and care and after-care work is carried out efficiently without employing other welfare workers. As a result the service is compact and well co-ordinated.

(c) *Mental Deficiency Acts, 1913-1938.*

(i) The machinery for the ascertainment of mental defectives functions satisfactorily and the transfer of responsibility from the education authority to the local health authority is carried out without difficulty. The examining School Medical Officer, who is an approved certifying officer under the Acts, and the Duly Authorised Officers work in close co-operation so that full consideration is given to all aspects in each case.

The ascertainment of persons over school age as mental defectives is occasionally necessary. Such cases are usually referred to the Department by general practitioners, magistrates' court and other social welfare agencies and the first step taken is to arrange for examination by the authority's approved medical officer. A report to the Mental Health Sub-Committee follows and the case is subsequently dealt with according to the circumstances, the arrangements being carried out by the Duly Authorised Officers.

The statutory and voluntary supervision of mental defectives and in some cases of those on licence is carried out by the Duly Authorised Officers who make regular home visits and obtain appropriate reports; the officers give help and advice on social and personal problems and take necessary action in cases where institutional care is indicated. Home circumstances reports are also obtained in respect of defectives in institutions (a) on the occasion of statutory consideration of the order of detention and (b) in connection with applications for a grant of leave of absence.

(ii) The authorised officers carry out all the arrangements for patients placed under guardianship. For several years no cases have been so placed in this area, as it is difficult to obtain a suitable home.

(iii) There is no training scheme for mental defectives operated by the authority. Originally when it was considered that in South Shields alone the number of defectives as indicated by the annual ascertainment figure did not warrant this provision, steps were taken to promote a joint scheme with the neighbouring authority. Building restrictions however were found to be a major obstacle and consideration of the scheme had to be deferred.

NATIONAL HEALTH SERVICE ACT

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births

The number of births notified or registered in the Borough during 1952, was as follows :—

	<i>Live Births</i>	<i>Still Births</i>
DOMICILIARY BIRTHS :		
Notified by midwives	1,310	16
Notified by doctors	—	—
Registered (and not notified)	—	—
BIRTHS IN GENERAL HOSPITAL :		
Notified by midwives	709	43
	2,019	59
Less—Born in General Hospital to mothers not normally resident in the Borough :	169	12
	1,850	47
Add—Born in Institutions outside Borough to mothers normally resident in the town :	*174	*4
Net total	2,024	51

*The institutions outside the Borough where the births occurred, were as follows :—

	<i>Live Births</i>	<i>Still Births</i>
Danesfield Maternity Home, Jarrow	109	3
Princess Mary's Hospital, Newcastle upon Tyne	33	1
Lealholme Nursing Home, Sunderland	9	—
Hopedene Maternity Hospital, Newcastle	5	—
Ashleigh Nursing Home, Gosforth	5	—
Royal Infirmary, Sunderland	1	—
Preston Hospital, North Shields	1	—
Ramside Hall, Durham	1	—
Maternity Hospital, Sunderland	2	—
Priory Nursing Home, Tynemouth	1	—
Dilston Hall, Corbridge	1	—
Asterhills Hospital, St. Alban's	1	—
Victoria Jubilee Hospital, Tynemouth ...	1	—
Queen Elizabeth Hospital, Gateshead	1	—

Ravensbourne Nursing Home, Gosforth	1	—
General Hospital, Bishop Auckland	1	—
Coniscliffe, Darlington	1	—
	<hr/>	<hr/>
	174	4
	<hr/>	<hr/>

The total births 2,024 correspond to a birth rate for 1952 of 18.7 per 1,000 of the population as compared with 18.1 in 1951 and 18.4 in 1950.

Included in this total are 34 sets of twins :—

- 9 sets born at home.
- 23 sets born in General Hospital.
- 2 sets born in Danesfield Maternity Home.
- and 1 set of triplets born in General Hospital.

Premature Infants

The number of Premature infants (i.e. weighing $5\frac{1}{2}$ lbs. or less at birth) notified during the year as belonging South Shields was 144 ; 50 of these were born at home, 80 in the General Hospital and 14 in hospitals outside town.

The survival of these during the first 28 days of life is shown in the following table :—

Weights in lbs. oz. or grammes	Born and nursed entirely at home					Born at home, transferred to hospital					Born in hospitals					Grand Total
	Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Sur- vived 28 days	Total	Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Sur- vived 28 days	Total	Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Sur- vived 28 days	Total	
2 lbs. 3 oz. or less (1,000 gms. or less)	4	...	...	...	4	3	3	...	...	6	10
Over 2 lbs. 3 oz. up to and including 3 lbs. 4 oz.(Over 1,000 gms up to and including 1,500 gms).	1	...	...	1	3	7	1	4	15	16
Over 3 lbs. 4 oz. up to and including 4 lbs. 6oz. (Over 1,500 gms up to and including 2,000 gms.)	...	1	...	3	4	...	...	...	3	3	3	2	...	9	14	21
Over 4 lbs. 6 oz. up to and including 4 lbs. 15 oz. (Over 2,000 gms. up to and in- cluding 2,250 gms.)	...	1	...	9	10	...	...	...	1	1	...	...	...	14	14	25
Over 4 lbs. 15 oz. up to and including 5 lbs. 8 oz.(Over 2,250 gms up to and including 2,500 gms.)	24	24	1	...	...	2	3	...	...	...	45	45	72
TOTALS	2	...	36	38	5	1	...	6	12	9	12	1	72	94	144

Ophthalmia Neonatorum.

There were 4 cases of ophthalmia neonatorum notified during the year occurring in domiciliary confinements and 1 case in hospital.

No impairment of vision occurred in any of these cases.

Two cases were still under treatment at the end of the year.

29 other cases of "discharging eyes" were notified by midwives.

Two of these cases were under treatment at the end of the year.

There was no impairment of vision in the remainder of the cases, nor of the five under treatment at the end of 1951.

Pemphigus Neonatorum.

No cases were notified.

Puerperal Pyrexia.

58 cases of puerperal pyrexia were notified, 35 of which occurred in the General Hospital and 23 in domiciliary confinements. Three of the five cases nursed at home were referred to the nurses of the South Shields and District Nursing Association.

Infant Mortality

There were 77 deaths among infants under one year of age (43 boys and 34 girls); an infantile mortality rate of 38.4 per 1,000 births. The neo-natal infant mortality was 23.4 per 1,000 births.

Deaths among illegitimate children numbered 3 out of 93 births, compared with 74 deaths among 1,914 legitimate children.

The principal causes of deaths in infants were :—

Prematurity	24
Congenital defects	22
Bronchitis	3
Pneumonia	16
Enteritis	1
Other causes.....	11

Maternal Mortality

There were four deaths among South Shields mothers during the year as a result of pregnancy.

The causes of death were as follows :—

- (1) Eclampsia.
- (2) Myocardial degeneration : Eclampsia.
- (3) Acute yellow atrophy of liver due to pregnancy.
- (4) Pulmonary embolism originating in the uterine veins following normal pregnancy and delivery.

The maternal death-rate was 1.94 per 1,000 total births as compared with 1.01 in 1951. The rate for England and Wales was 0.72 per 1,000 total births.

Ante-Natal Clinics

Two clinics are in use as follows :—

Municipal Clinic, Stanhope Parade, and the
“ Nook ” Assembly Hall, Cleadon.

Number of sessions held during the year	312
Women attending	2,405
New cases	1,780
Total attendances	10,832

Post-Natal Clinics

Patients were seen at the

Municipal Clinic, Stanhope Parade, and
“ Nook ” Assembly Hall, Cleadon.

Number of sessions held during the year	48
Women attending (total)	207
New cases	207
Total attendances	218

Table 6.—DEATHS DURING 1952 OF INFANTS UNDER ONE YEAR. CAUSES AND AGES.

CAUSES OF DEATH	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 Weeks	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 year	Males	Females
All causes : Certified	39	3	...	4	46	9	13	5	2	75	43	32
Uncertified	1	...	...	...	1	...	1	...	...	2	...	2
Code	...	...	...	...	...	...	...	...	...	...	...	...
056 Whooping cough	...	...	...	...	...	...	1	...	...	1	...	1
085 Measles	...	...	...	1	1	...	...	...	1	2	1	1
331 Cerebral haemorrhage	2	...	...	1	3	...	...	...	...	3	1	2
491 Broncho pneumonia	...	...	...	...	...	3	9	4	...	16	7	9
500 Acute Bronchitis	...	...	...	...	...	3	...	...	...	3	3	...
522 Pulmonary congestion	...	...	...	...	...	1	...	...	...	1	1	...
560 Hiatus hernia	...	...	...	...	...	...	...	1	...	1	1	...
570 Intestinal obstruction	...	...	...	...	...	...	...	...	1	1	1	...
571 Gastro Enteritis	...	...	...	...	...	1	...	...	...	1	1	...
750/9 Congenital malformations	5	...	...	1	6	1	1	...	...	8	5	3
760 Birth injury	3	...	...	...	3	...	...	...	...	3	3	...
762 Postnatal asphyxia and atelectasis	3	...	...	...	3	...	...	...	...	3	1	2
763 Pneumonia of newborn	1	1	...	1	3	...	...	...	...	3	2	1
769 } Neonatal disorders arising from maternal toxæmia	4	...	...	...	4	...	...	...	...	4	...	4
774/6 Immaturity	22	2	...	...	24	...	...	...	...	24	13	11
E.921 Inhalation of food causing suffocation	...	...	...	...	...	...	2	...	...	2	2	...
E.980 Non-accidental poisoning by another person	...	...	...	...	...	...	1	...	...	1	1	...
TOTAL	40	3	...	4	47	9	14	4	2	77	43	34

Table 7.—DEATHS DURING 1952 OF INFANTS UNDER ONE YEAR : CAUSES AND WARD DISTRIBUTION.

CAUSES OF DEATH		WARDS												TOTAL		
		Beacon	Bents	Brinkburn	Cleadon Park	Deans	Hadrian	Harton	Horsley Hill	Marsden	Rekendyke	Simonside	Tyne Dock		Victoria	Westoe	West Park
Code	ALL CAUSES—Certified Uncertified															
056	Whooping cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
085	Measles	1	...	...	...	...	...	1	1	...	...	...	...	...	...	...
331	Cerebral Haemorrhage	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...
491	Broncho pneumonia	1	1	1	2	...	2	...	...	4	2	...	1	...	...	...
500	Acute Bronchitis	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...
522	Pulmonary Congestion	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
560	Hiatus hernia	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
570	Intestinal Obstruction	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
571	Gastro enteritis	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
750 9	Congenital malformations	...	...	1	...	2	...	...	...	3	...	2	...	...	...	...
760	Birth injury	...	1	...	...	...	1	...	...	1	...	...	...	...	...	...

CAUSE OF DEATH	WARDS														Total	
	Beacon	Bents	Brinkburn	Cleadon Park	Deans	Hadrian	Harton	Horsley Hill	Marsden	Rekendyke	Simonside	Tyne Dock	Victoria	Westoe		West Park
Code																
762 Postnatal asphyxia and atelaetasis	•	•	•	•	•	•	•	1	•	1	•	1	•	•	•	3
763 Pneumonia of newborn	•	•	•	•	•	1	•	•	•	•	•	1	1	•	•	3
769 Neonatal disorders from maternal Toxaemia	•	1	1	•	•	1	•	•	•	•	•	1	•	•	•	4
774/6 Immaturity	•	•	2	4	4	4	•	4	•	1	•	1	•	3	1	24
E.921 Inhalation of food causing suffocation	•	•	•	•	1	•	•	•	1	•	•	•	•	•	•	2
E.980 Non-accidental poisoning by another person	•	1	•	•	•	•	•	•	•	•	•	•	•	•	•	1
Total deaths under one year	5	4	5	6	7	10	•	8	3	13	2	6	3	4	1	77
*Number of Births	128	82	108	102	126	169	121	125	207	238	131	194	152	73	68	2,024
*Infant Mortality Rates	39.1	48.8	46.3	58.8	55.6	59.2	•	64.0	14.5	54.6	15.3	30.9	19.7	54.8	14.7	37.5

*The births dealt with in this table are (a) 1,850 live births notified under the Public Health Act; and (b) 174 inward transfers from other districts, but 169 births in the General Hospital among non-residents of the Borough are excluded. Elsewhere in this report the Registrar-General's figures of births registered during the calendar year have been used for the calculation of birth rates.

Day Nurseries

The following is a statement of the work of the two Day Nurseries, Nos. 1 and 29, Beach Road, for the past year. There is accommodation for 40 children in each nursery.

	1 <i>Beach Road</i>	29 <i>Beach Road</i>
No. of children on the register at end of 1951	34	35
Admissions during 1952 :—		
Under 2 years old	20	33
2—5 years old	36	21
No. of attendances during 1952 :—		
Under 2 years old	2,456	2,042
2—5 years old	4,614	4,839
Average attendance per session :—		
Under 2 years old	9.4	7.8
2—5 years old	17.6	18.5
No. of children on the register at the end of 1952 :—		
Under 2 years old	14	12
2—5 years old	22	23

The prevalence of measles and whooping cough during the year caused a decrease in the attendances.

Taken over the whole year, the percentage of children whose mothers were in full employment was 89% and 5.4% were compassionate cases. Applications for admission are considered and approved by a special sub-committee.

Domestic Help Scheme

Seven full-time and five part-time domestic helps were employed at end of year. There has been an increase in the demand for domestic helps. During 1952, 233 cases were provided with domestic helps, as follows :—

	<i>Cases</i>	<i>Hours Given</i>
Illness	43	2,412
Maternity	33	1,665
Aged :		
(a) Illness	143	9,428
(b) Infirmary	12	1,211
(c) Tuberculosis	2	98
Total	233	14,814

Ultra Violet-ray Treatment

235 children made 3,375 attendances. Conditions treated were :—

Debility.....	98
Chest diseases	55
Rickets, etc.	61
Skin diseases	11
Other	10

Care of Illegitimate Children

The scheme for the care of illegitimate children and unmarried mothers is carried out by a joint committee of the Council and the Jarrow Deanery Moral Welfare Association. A full-time welfare worker is employed with an office in South Shields. Her duties, however, also embrace the areas of neighbouring authorities.

The following is a summary of the work carried out by the welfare worker for South Shields cases during 1952 :—

No. of unmarried mothers seeking help and advice	48
„ married women with illegitimate children	15
„ mothers admitted to hostels	16
„ South Shields children placed elsewhere	11
„ calls at the office	813
„ visits by welfare worker.....	272

Dental Treatment

The tables on the following page give a summary of the work carried out by the Maternity and Child Welfare Dental Surgeon during 1952.

(a) Numbers provided with dental care :-

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	87	84	71	61
Children under five	153	153	151	151

(b) Forms of dental treatment provided :

	Ex-trac-tions	Anaesthetics		Fill-ings	Scalings or Sealing and gum treat-ment	Silver Nitrate treat-ment	Dress-ings	Radio-graphs	Dentures Provided	
		Local	General						Com-plete	Partial
Expectant and Nursing Mothers	40	30	31	—	—	—	—	—	30	3
Children under five	591	—	162	—	—	—	—	—	—	—

SECTION 23.—MIDWIFERY SERVICE

Intention to practise

36 midwives notified their intention to practise during 1952. Of these, 15 were in the maternity hospital, and 21 were municipal domiciliary midwives. At the end of the year 21 midwives were in the municipal service and 16 in the maternity hospital.

Suspension from practice

Ten temporary suspensions of midwives were notified to the Central Midwives Board on account of infectious conditions as follows :—

Puerperal pyrexia	4
Measles	1
Scarlet fever	2
Pemphigus neonatorum	1
German measles	2

Domiciliary Midwives

1,326 births, were attended in their own homes, 69 less than in 1951. In 412 cases the services of a doctor as well as a midwife were engaged. In 242 cases medical aid was sought by the midwives under Section 9 (1) of the Midwives Act, 1936.

The following table gives a summary of the work of the domiciliary midwives during 1952 :—

Number of cases attended :—

As midwives	906
As nurses	412
Other cases (miscarriages, etc.)	50

In addition 583 patients were attended on their discharge from hospital before the 14th day.

The number of visits paid were as follows :—

Morning visits	19,028
Evening visits	4,488
Pre-natal visits	8,481
Post-natal visits	1,731

Total	<u>33,728</u>
-------------	---------------

Gas and Air Analgesia.

1,005 patients had “ gas and air ” analgesia administered by the midwives in their confinements. This represents 73% of home deliveries.

(a) When acting as a midwife	693
(b) When acting as a maternity Nurse	312

All the municipal midwives are now qualified to administer analgesia.

Notifications from Midwives

The following notifications were received at the Health Department from domiciliary midwives :—

Sending for medical aid	242 (240 cases, 242 causes).
Intention to practise	21
Artificial feeding	109
Deaths : Mothers	—
Infants	5
Still births	16
Source of infection	18

Medical Aid under Section 9 (i) of the Midwives’ Act, 1936

The principal reasons for calling in medical aid were :—

(a) DOMICILIARY CASES—**(1) Mothers.**

Malpresentations, delayed or prolonged labour	16
Abortion or threatened abortion	21
Haemorrhage	18
Perineal rupture	52
Increased pulse and temperature	20
Toxaemia	9
Albuminuria, oedema	14
Retained placenta	10
Other causes	12

(2) Babies.

Prematurity	4
Feebleness and jaundice	12
Discharging eyes	31
Deformities, injury	4
Cold	4
Other causes	15

242

(b) INSTITUTIONAL CASES WHERE MEDICAL AID WAS SUMMONED, NUMBERED	249
Total	<u>491</u>

Part II Training School for Pupil Midwives

The following is a summary of the work :—

In training on 1st January, 1952	5
New students during 1952	12
Still in training on 31st December, 1952	7
Number of students who entered for Part II of the Board's Examination	13
Number of students who passed examination ..	13

Eight pupils completed training to administer "gas and air" analgesia.

Five former pupils are now engaged in midwifery in the Borough.

Wassermann Tests

1,096 routine Wassermann tests were carried out, of whom 6 gave positive results. 6 patients were referred to special clinics. In addition 9 patients were referred to the Chest Clinic.

Defects Found

The following were the defects found among the mothers :—

Dental cares	388
Respiratory diseases ..	24
Varicose veins	329
Oedema	175
Albuminuria	172
Raised blood pressure....	319
Glycosuria	78
Cardiac disease	137

Rhesus Factor

1,365 specimens of blood from expectant mothers and 145 cord specimens from babies were examined for Rhesus Factor. 1,117 were Rh positive and 248 were negative. (Nine mothers were admitted to hospital with active anti-bodies). Two of the cord specimens from babies were positive. In addition, 128 specimens of blood were taken from fathers, 102 of which were positive and 26 negative.

Maternity Outfits

1,450 complete outfits were distributed to expectant mothers from the Health Department during 1952.

Training Courses

No post-graduate training courses were taken by the midwives during 1952.

SECTION 24.—HEALTH VISITING

During 1952 the Health Visitors paid the following visits to homes:

Expectant mothers : 1st visits	440
Subsequent visits	90
Post-natal mothers	168
Children under 1 year of age : 1st visits	1,927
Subsequent visits	10,335
Children between 1 and 5 years,: visits	22,214
Visits re still births.....	49
,, infant deaths	62
,, adopted children	8
,, domestic helps	29
,, tuberculosis	4,518
,, other infectious diseases.....	3,475
,, admission to hospitals	183
,, special survey	57

Child Welfare Centres

Five morning and seven afternoon clinics are held each week. Two of the morning clinics are devoted to toddlers. Five sessions are held at the Municipal Clinic and seven at the branch clinics, as follows :—

Municipal Clinic, Stanhope Parade—Tuesday and Thursday mornings ; Monday, Wednesday and Friday afternoons.

“ Nook ” Hall, Cleadon Park—Wednesday morning ; Tuesday and Friday afternoons.

West Harton Methodist Church Hall—Wednesday morning.

Ingham Street Hall—Tuesday morning and Thursday afternoon

Hudson Street Youth Club—Friday afternoon.

The following is a summary of the work at these Centres :—

New attenders during 1952	1,591
Total number of attendances	26,163
Number of sessions held.....	533

SECTION 25.—HOME NURSING SERVICE

The following is a summary of the work of the South Shields and District Nursing Association :—

Cases on books at 1st January, 1952	231
New cases—Medical	1,177
Surgical	397
	————— 1,574
Visits paid by nurses	49,809
Cases remaining on books at 31st December, 1952	267

SECTION 26.—VACCINATION AND IMMUNISATION

Vaccination

Of the 1,857 births occurring in 1951 and surviving on 31st December, 1951—329 infants (17.2%) were successfully vaccinated by the 31st December, 1952.

Of children surviving at 12 months of age :—

From 1920 to 1929	43.1% were successfully vaccinated.
From 1930 to 1939	38.8% were successfully vaccinated.
From 1940 to 1948 (4th July)	41.4% were successfully vaccinated.
From 5th July, 1948 to end of 1951	14.3% were successfully vaccinated.

During 1952—550 vaccinations (308 by private practitioners and 242 by our medical officers) and 166 re-vaccinations (160 by private practitioners and 6 by our medical officers) were carried out.

Since the National Health Service Act came into force on 5th July, 1948, certificates of successful vaccinations as under have been received :—

VACCINATIONS.	*1948	1949	1950	1951	1952
Under 1 year old	102	122	287	351	354
One year old	...	...	...	25	14
2 to 4 years	14	63	75	44	32
5 to 14 years	9	16	33	45	39
Over 15 years	16	30	106	95	111
Total Vaccinations	141	231	501	560	550

RE-VACCINATIONS.

2 to 4 years	—	2	6	1	—
5 to 14 years	2	8	20	11	19
Over 15 years	33	46	203	166	147
Total Re-vaccinations	35	56	229	178	166

*6 months only.

Diphtheria Immunisation

1,403 children were immunised during 1952, of these 1,083 were immunised by medical officers of the Health Department.

In addition 1,884 children had reinforcing treatment. It was estimated that at the end of 1952, 85% of the school children in the Borough and 58% of children under 5 years of age, had been immunised.

On the 31st December, 1952, only 183 children under one year of age (18%) had been immunised. For a community to be properly protected against a Diphtheria epidemic at least 75% of infants under a year old should be immunised. This dangerous trend, if it continues, will have a serious effect in the face of an epidemic.

The following table shows the state of immunisation of South Shields children :—

The following table shows the annual number of cases of diphtheria in England and Wales since the National Immunisation Campaign was launched in 1940, and the number of deaths :—

ENGLAND AND WALES

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>
1940	46,281	2,480
1941	50,797	2,641
1942	41,404	1,827
1943	34,662	1,371
1944	23,199	934
1945	18,596	722
1946	11,986	472
1947	5,609	244
1948	3,575	156
1949	1,890	84
1950	962	49
1951	699	34
1952	*375	*32

The following table shows the annual number of cases of diphtheria in South Shields and the number of deaths since immunisation began here in 1938 :—

SOUTH SHIELDS

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>	<i>Children Immunised</i>
1938	598	61	4,756
1939	493	44	6,904
1940	187	25	1,704
1941	183	25	1,413
1942	201	17	3,908
1943	234	18	2,294
1944	178	8	1,806
1945	125	7	1,658
1946	77	2	1,589
1947	60	2	1,609
1948	50	2	1,817
1949	20	2	1,836
1950	5	1	1,529
1951	3	None	1,969
1952	None	None	1,404

None of the patients who died from diphtheria had been immunised.

* Provisional figures.

SECTION 27.—AMBULANCE SERVICE

The following is a statement of the work of the Ambulance Service during 1952 :—

	<i>By Ambulance</i>	<i>By Sitting Case Cars</i>
(1) PATIENTS.		
Removals to or from addresses in South Shields	22,466	3,744
Removals to or from addresses outside South Shields	2,965	561
Total patients	<u>25,531</u>	<u>4,305</u>
(2) JOURNEYS.		
Journeys with patients in South Shields	6,532	1,876
Journeys with patients outside South Shields	1,217	406
Accidents and Emergencies	1,070	—
Infectious Disease cases	309	—
Midwives with Analgesia Apparatus	989	1,246
Other journeys.....	356	100
Total journeys	<u>10,473</u>	<u>3,628</u>
(3) MILEAGE.		
Mileage in South Shields	64,685	16,889
Mileage outside South Shields	41,594	12,650
Total mileage	<u>106,279</u>	<u>29,539</u>

At the end of the year there were in service 7 ambulances and 2 cars. There were 22 driver-attendants, one ambulance superintendent and one telephone operator.

The cost of the service for the year ending 31st March, 1952, was £16,770. Two shillings and eight pence per mile.

SECTION 28.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE TUBERCULOSIS

It was unnecessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925 ; for the compulsory removal to hospital of active infectious cases.

To expedite removal of such cases which are usually of an urgent nature, the Public Health Committee agreed " That the Chairman and Vice-Chairman of this Committee be given plenary power to authorise (in the circumstances set forth in the Act) applications to be made to the Court of Summary Jurisdiction under Section 172 of the Public Health Act, 1936, for the removal to hospital of infectious persons suffering from tuberculosis of the respiratory tract."

Special Housing Scheme

83 houses have been allocated to overcrowded tuberculous families in the past, 19 of which were allocated this year. The present state of these families is as follows :—20 of the cases have died, 24 have been 5 or more years free (disease arrested), 39 still remain as active cases. The Housing Committee have recently decided to allocate a further 50 houses. Many other families in which there is a case of tuberculosis have qualified under the Council's " points " scheme which allows 6 extra points in certain cases upon certificate of Tuberculosis Medical Officer, and in all there are 499 families in which 542 patients are suffering from the disease living in houses on the Council's housing estates.

Incidence of Tuberculosis

No. of South Shields residents on the tuberculosis notification register on 1st January, 1952	1,119
Cases notified during 1952	254
Non-notified fatal cases	4
Notified posthumously	2
Cases re-admitted to register.....	15
" Inward " Transfers	17
	<hr/>
	1,411
	<hr/>

Cases removed from register :—

Deaths from tuberculosis or other disease	70
Left the town	26

Two years untraced	1
Three years free (non-respiratory)	28
Five years free (respiratory)	75
Wrong diagnosis or modification withdrawn	6
Not requiring further assistance	71
	<hr/>
	277

Number of cases on register at end of 1952	1,134
	<i>Males</i> <i>Females</i> <i>Total</i>
Respiratory	522 480 1,002
Non-respiratory	58 74 132
	<hr/>
	580 554 1,134
	<hr/>

There was an increase of 15 cases on the register on the 31st December as compared with the 1st January, 1952.

Of the 254 cases notified there were :—

	<i>Males</i> <i>Females</i> <i>Total</i>
Respiratory	121 109 230
Non-respiratory	9 15 24

The following table shows the number of " new cases " (including the 4 un-notified and 2 notified posthumously) classified according to age:—

AGE GROUP	Respiratory		Non-respiratory	
	M.	F.	M.	F.
Under 1 year	—	—	—	1
1+ years	2	2	1	1
2—4 years	5	2	2	1
5—9 years	10	6	—	4
10—14 years	5	12	1	—
15—19 years	8	25	1	2
20—24 years	9	15	2	2
25—34 years	28	25	—	2
35—44 years	15	9	1	1
45—54 years	18	6	—	—
55—64 years	20	6	1	1
65—74 years	5	3	—	—
75+ years	—	—	—	—
TOTAL	125	111	9	15

These figures include 9 Arabs, 8 of whom were respiratory cases :—

Males aged 56, 35, 34, 30, and 28	5
Females aged 46, 18 and 16	3
One non-respiratory case :—male aged 38	1
TOTAL	9

The number of cases of tuberculosis notified or ascertained during each of the past ten years is as follows :—

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
NOTIFIED :—										
Respiratory	190	210	177	222	165	195	188	166	206	232
Non-respiratory	87	82	75	54	54	45	36	35	36	24
NOT NOTIFIED :—										
Respiratory	7	9	7	8	9	8	10	1	4	4
Non-respiratory	5	2	7	4	1	2	2	1	1	—
Total	289	303	266	288	229	250	236	203	247	260
Attack-rate	3.36	3.32	2.84	2.87	2.25	2.34	2.18	1.86	2.31	2.43
Cases per 100 deaths	256	291	251	280	283	309	207	303	588	406

During 1952, 260 new cases of tuberculosis were notified in the County Borough, 13 more than in 1951. Of these 236 were respiratory and 24 in which the disease affected organs other than the lungs. The attack rate was 2.43 per 1,000 of the population (2.20 respiratory and 0.23 non-respiratory).

**AGE AND SEX OF CASES ON NOTIFICATION REGISTER AS ON
31st DECEMBER 1952**

Age Groups	MALES		FEMALES		Total
	Respiratory	Non-respiratory	Respiratory	Non-respiratory	
0- 4 years	12	5	13	3	33
5- 9 years	33	7	33	9	82
10-14 years	38	15	40	10	103
15-19 years	38	5	64	8	115
20-24 years	42	3	95	12	152
25-29 years	71	5	97	10	183
30-34 years	73	7	41	11	132
35-39 years	35	2	20	2	59
40-44 years	34	1	32	4	71
45-49 years	33	4	20	1	58
50-54 years	35	1	9	—	45
55-59 years	30	—	5	1	36
60-64 years	33	3	6	2	44
65-69 years	8	—	4	—	12
70-74 years	6	—	1	1	8
75-79 years	1	—	—	—	1
80-84 years	—	—	—	—	—
Totals	522	58	480	74	1134

Mortality

Tuberculosis caused 64 deaths during 1952. 63 respiratory and 1 non-respiratory. This represents a death rate of 0.60 per 1,000 of the population, compared with 0.39 for 1951.

The death rate in South Shields from tuberculosis during the past ten years was as follows :—

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Respiratory	1.07	0.97	0.93	0.86	0.70	0.68	0.98	0.55	0.35	0.59
Non-respiratory .....	.24	.17	.20	.17	0.9	.07	.07	.06	.04	0.01

The following table sets out a comparison of the death rates of the country as a whole, for all forms of tuberculosis :—

England and Wales	0.24
160 large towns	0.28
160 smaller towns	0.22
London	0.31
<i>South Shields</i>	0.60

Mass Radiography

I am indebted to Dr. J. Reginald Beal, Medical Director of Mass Radiography Unit No. 2 for the following details :—

The unit operated in the South Shields clinic area for eleven weeks during 1952.

11,808 miniature films were taken, the weekly average being 1,073 examinees.

The number of active cases of tuberculosis found was 40 males and 49 females, equivalent to a percentage of 0.76 and 0.74 respectively.

In addition 18 cases of dust disease were found and two cases of suspected malignant disease of the lung.

B.C.G. Vaccination

Since the scheme was put into operation in the latter part of 1951, the following children have been vaccinated with Bacillus Calmette-Guerin vaccine :—

Year	AGE GROUPS					Total
	Under 1	1 to 4	5 to 9	10 to 15	16+	
1951	4	3	4	1	...	12
1952	26	55	28	4	...	113
Total ...	30	58	32	5	...	125

Domiciliary Treatment

Thirteen patients were supplied with one pint of milk daily, amounting in all to 635 gallons.

VENEREAL DISEASES

Since July 5th, 1948, the clinic building and staff were transferred to the South Shields District Hospital Management Committee.

The following table shows in detail the cases dealt with at the South Shields centre for the first time during each of the past ten years.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Syphilis	255	205	185	157	153	171	122	93	42	51
Gonorrhoea	266	237	269	298	259	232	166	160	88	135
Other conditions	460	450	406	542	505	486	544	490	360	403
Total	981	892	860	997	917	890	832	743	490	589

The cases dealt with for the first time include the following numbers of patients who were known to have had treatment for the same infection at other centres, in Service Hospitals or by general practitioners approved by the Ministry of Health under Circular 2226 :—

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Syphilis	98	66	83	76	72	88	60	46	39	28
Gonorrhoea	15	7	31	71	33	38	23	29	14	18
Other conditions	15	—	2	10	8	17	36	14	6	10
Total	128	73	116	157	113	143	119	89	59	56

The following table shows the attendances at the South Shields centre during the past 10 years :—

Year	Total	Male	Female
1943	16,361	9,192	7,169
1944	17,552	9,021	8,531
1945	15,217	7,542	7,675
1946	14,155	6,804	7,351
1947	11,211	5,725	5,486
1948	10,463	5,487	4,976
1949	8,746	4,534	4,212
1950	8,078	4,192	3,886
1951	7,266	3,530	3,736
1952	9,072	4,084	4,988

Total cases treated at the South Shields centre during 1952, including cases who had continued treatment from 1951 :—

	Male	Female	Total
Syphilis	157	109	266
Gonorrhoea	165	23	188
Other conditions	415	41	456

Disposal of Cases

	Syphilis		Gonorrhoea		Other Conditions	
	M.	F.	M.	F.	M.	F.
Ceased attendance :						
(a) Before completion of treatment	11	19	1	2	—	—
(b) After completion of treatment, but before final tests of cure	1	—	—	—	—	—
Transferred to other centres or to private practitioners	39	8	20	—	—	—
Discharged after completion of treatment and final tests of cure	27	16	112	15	36	41
Died.....	—	—	—	—	—	—
Under treatment on 31st December, 1952	79	66	32	6	46	—

Non-residents were treated at the centre from 29 countries other than England and Wales and from 9 administrative counties and 16 County Boroughs as well as a number of Displaced Persons and members of H.M. Forces.

South Shields Cases treated at other centres

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Con- ditions</i>	<i>Total Cases</i>
Newcastle	3	9	28	40
Sunderland	2	1	7	10
Total	5	10	35	50

SECTION 51.—MENTAL HEALTH SERVICES
MENTAL DEFICIENCY ACTS, 1913-1938

	During 1952				Total cases on Authority's registers as at 1-1-1953			
	Under age 16		Aged 16 & over		Under age 16		Aged 16 & over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. <i>Particulars of cases reported during 1952 :—</i>								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by :—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	3	2	—	—				
(2) On leaving special schools	—	—	6	5				
(3) On leaving ordinary schools	—	—	—	—				
(ii) Police or by Courts	—	—	—	2				
(iii) Other sources	—	—	1	1				
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground.....	—	—	—	—				
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	—	—				
Total number of cases reported during year	3	2	7	8				
2. <i>Disposal of cases :</i>								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Statutory Supervision	3	1	6	8	16	9	61	69
(ii) Placed under Guardianship*	—	—	—	—	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	—	—	—	—	—
(iv) Admittance to Institutions	—	1	1	—	10	8	89	52
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Voluntary Supervision	—	—	—	—	—	—	5	1
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of Item 2	3	2	7	8	26	17	155	122

	Durin g 1952				Total cases on Authority's registers as at 1-1-1953			
	Under age 16		Aged 16 & over		Under age 16		Aged 16 & over	
	M.	F.	M.	F.	M.	F.	M.	F.
3. <i>Classification of defectives in the Community on 1.1.53 :</i>								
(a) Cases included in item 2 (a) (i) to (iii) above in need of institutional care :								
(1) In urgent need of institutional care :								
(i) "cot and chair" cases					3	1	—	—
(ii) ambulant low grade cases					3	2	—	—
(iii) medium grade cases					3	—	—	—
(iv) high grade cases					—	—	—	—
(2) Not in urgent need of institutional care :								
(i) "cot and chair" cases					1	—	—	—
(ii) ambulant low grade cases					—	—	—	3
(iii) medium grade cases					1	—	1	5
(iv) high grade cases					—	—	—	2
Total of Item 3 (a)					11	3	1	10

*Please state here the number of defectives under Guardianship on 1st January, 1953 who were dealt with under the provisions of Section 8 or 9.
M.—Nil. F.—Nil.

	During 1952		Total cases on Authority's registers as at 1-1-1953	
	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
3. (b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) overleaf, number considered suitable for :				
(i) occupation centre	8	4	25	22
(ii) industrial centre	—	—	—	—
(iii) home training	—	—	—	—
Total of item 3 (b)	8	4	25	22
(c) Of the cases included in item 3 (b) number receiving training on 1.1.53.				
(i) in occupation centre	—	—	—	—
(ii) in industrial centre	—	—	—	—
(iii) at home	—	—	—	—
Total of item 3 (c)	—	—	—	—

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.

	M.	F.	T.
(a) Ceased to be under care	—	—	—
(b) Died, removed from area or lost sight of	3	3	6
Total	3	3	6

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1952—1.

	Males	Females
(b) Number who have married during 1952	1	3

Mental Deficiency Acts, 1913-1938

- (i) Ascertainment, including the number of defectives awaiting vacancies in institutions at the end of the year 1952 :—

Cases reported by Local Education Authority :—

	M.	F.	Total.
Under Section 57 (3), Education Act, 1944	3	2	5
Under Section 57 (5), Education Act, 1944—			
On leaving Special Schools	6	5	11
On leaving ordinary schools	—	—	—
Other ascertained defectives reported during 1952 and found to be “subject to be dealt with”	1	3	4
Total No. of cases reported, 1952	10	10	20

Disposal of cases reported during the year :—

Placed under Statutory Supervision	9	9	18
Admitted to Institutions	1	1	2
	10	10	20

Number of defectives awaiting vacancies in Institutions at the end of the year.....	12	13	25
Number of defectives admitted to Institutions during 1952	4	4	8
Taken to “Place of Safety”	—	1	1
Died, or removed from area during the year	3	3	6

(ii) Guardianship and Supervision :—

Number of cases under Guardianship	—	—	—
Number of cases under Statutory Supervision :			
(under 16 years)	16	9	25
(16 years and over)	61	69	130
Number of cases under Voluntary Supervision :			
(over 16 years)	5	1	6
	82	79	161

(iii) Training :—	M.	F.	Total.
Number of Mental Defectives receiving training	—	—	—
Number of Mental Defectives in Institutions, including cases on Licence therefrom :—			
(under 16 years)	10	8	18
(16 years and over)	89	52	141
	99	60	159

Under the Lunacy and Mental Treatment Acts, 1890-1930, by duly authorised officers.

	Admitted			Discharged			Died			No. of Patients on 31/12/52		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
General Hospital, South Shields	77	67	144	99	87	186	4	4	8	1	2	3
Cherry Knowles, Ryhope	24	25	49	13	20	33	1	...	1	31	31	62
St. Mary's, Stannington	...	1	1	3	3	6	1	2	3	84	77	161
St. Luke's, Middlesbrough	...	...	...	...	...	...	...	...	...	...	1	1
St. Nicholas, Newcastle	...	...	...	1	...	1	...	...	...	...	...	...
St. George's, Morpeth	1	...	1	...	...	...	...	...	...	1	1	2
General Hospital, Newcastle	1	...	1	2	...	2	...	...	...	...	...	...
Winterton Hospital, Sedgfield	1	...	1	...	...	...	...	...	...	1	...	1
TOTALS	104	93	197	118	110	228	6	6	12	118	112	230

The following table classifies the patients resident at the end of the year :

	MALES		FEMALES		Total
	Cert.	Vol.	Cert.	Vol.	
General Hospital, South Shields	1	—	2	—	3
St. Mary's Hospital, Stannington	75	9	75	2	161
Cherry Knowles Hospital, Ryhope	16	15	21	10	62
St. Luke's Hospital, Middlesbrough	—	—	1	—	1
St. George's Hospital, Morpeth	—	1	1	—	2
Winterton Hospital, Sedgfield	1	—	—	—	1
	93	25	100	12	230

Total Male Patients 118
Total Female Patients 112

MENTAL DEFECTIVES IN INSTITUTIONS ON 31st DECEMBER, 1952

(including cases on licence therefrom).

<i>Institution</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Prudhoe and Monkton Hospital	60	53	113
General Hospital, South Shields	26	—	26
Aycliffe Hospital, Heighington	6	2	8
Rampton Hospital, Retford	2	2	4
Whittington Hall Hospital	—	1	1
Royal Albert Hospital, Lancaster	2	2	4
Northgate and District Hospital	1	—	1
Moss Side Hospital, Maghull	1	—	1
Darenth Park Hospital, Dartford.....	1	—	1
	99	60	159

SICK ROOM REQUISITES

520 articles from the loan cupboards were lent during the year, as follows :—

	<i>Public Health Department</i>	<i>Voluntary Association</i>	<i>Total</i>
Bed Pans	85	41	126
Air Cushions	75	39	114
Invalid chairs	4	92	96
Rubber sheets	61	25	86
Bed rests	51	3	54
Crutches	1 pr.	8 prs.	9 prs.
Urinals	15	—	15
Air beds	7	—	7
Cradles (Orthopaedic)	3	—	3
Feeding cups	—	2	2
Spinal carriage	1	—	1
Other articles	5	2	7
Total	308	212	520

NATIONAL ASSISTANCE ACT, 1948.—SECTION 47 AND NATIONAL ASSISTANCE (Amendment) ACT, 1951.

Under the above acts provision is made for “securing the necessary care and attention for persons suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.”

One case was dealt with under this Section during the year, an old lady of 78 who died 4 days after admission to hospital.

Special Medical Examinations

235 special medical examinations were carried out by the medical staff of the department for South Shields Corporation employees :—

233 for Superannuation purposes, 17 of whom were rejected or deferred and

2 for the N.J.I.C. Sickness Pay Scheme.

Table 8.—SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1952, taken at 9-0 a.m. (G.M.T.) daily at the Bents
Park and Health Department, South Shields.

MONTH	Barometer (corrected for elevation, temperature, etc).	AIR TEMPERATURE °Fahr.				HYGROMETER °Fahr.			EARTH TEMPERATURE. °Fahr.		RAINFALL. (in inches).			WIND.											
		Average		Absolute.		Dry Bulb	Wet Bulb	Relative Humidity	At 1 Foot Depth	At 4 Feet Depth	Total Fall	No. of days rain fell .01" or more	Most in a day.		N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm		
		Maximum	Minimum	Maximum	Minimum								Date	Date										Amount	Date
January	29.617	41.1	31.8	54.1	21.4	27	36.6	34.8	83	34.7	39.4	2.12	.31	2	2	1	...	1	4	10	9	4	...		
February	29.937	44.2	34.8	51.5	26.0	13	39.1	37.5	86	34.9	37.5	.75	.15	13	3	...	...	...	...	6	11	9	...
March	29.755	47.9	38.7	58.0	30.5	29	44.0	42.0	84	41.6	41.8	1.34	.40	6	2	5	2	6	7	4	2	3	...		
April	29.850	55.2	41.1	67.4	31.9	1	48.8	45.9	80	46.3	44.7	1.54	.59	9	3	2	2	4	6	8	3	2	...		
May	29.901	59.3	46.8	71.9	40.0	8/30	53.6	50.3	79	54.7	51.3	2.01	.70	31	3	7	6	5	1	3	4	2	...		
June	29.887	65.1	50.0	79.2	42.0	8	58.4	53.6	72	58.2	55.8	2.32	.68	21	1	3	1	...	3	9	8	5	...		
July	30.004	68.2	53.9	79.8	46.0	15	62.5	57.7	73	63.1	59.6	.84	.25	27	5	5	...	1	1	4	8	7	...		
August	29.772	67.8	53.8	74.8	46.9	3	62.5	58.8	80	61.2	60.0	1.69	.65	7	2	2	2	2	4	9	8	2	...		
September	29.875	57.4	46.6	67.3	37.0	19	52.6	50.8	87	54.2	57.2	3.25	.62	2	6	5	...	1	...	3	8	7	...		
October	29.748	53.8	44.6	60.0	36.2	15	49.3	48.0	90	47.3	51.1	1.93	.42	2	2	1	4	5	5	6	6	2	...		
November	29.908	45.5	36.7	56.5	26.0	25	40.9	38.8	82	40.4	46.1	3.51	.80	20	2	2	3	...	1	8	5	9	...		
December	29.737	42.7	34.0	49.0	24.1	15	37.9	36.3	85	34.9	40.1	3.19	.48	12	2	1	...	...	4	11	9	4	...
AVERAGES	29.749	54.0	42.7	...	...	...	48.9	46.2	82	47.6	48.7	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	...	...	...	...	...	...	...	...	...	...	...	24.49	193	...	33	34	20	25	36	81	81	56	...

